

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 3 PM 1:40

DOCUMENT # 711607 (2)

1. Corporation Name

TABERNALE BAPTIST CHURCH OF VERO BEACH, INC.

Principal Place of Business Mailing Address
51 OLD DIXIE HIGHWAY VERO BEACH FL 32962
51 OLD DIXIE HIGHWAY VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1966 3a. Date of Last Report 02/07/1994
4. FEI Number 59-1449858 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 51 Old Dixie Hwy 26 51 Old Dixie Hwy
Suite, Apt. #, etc Vero Beach, FL Suite, Apt. #, etc Vero Beach, FL
22 City & State 27 City & State
23 Zip 24 32962 25 Country 28 Indian River 29 Zip 30 32962 31 Country 32 Indian River

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BAIR, HARVEY
2165 8TH ST.
VERO BEACH FL 32960
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Harvey F Bair* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GEIDE, RICK 6546 5TH STREET VERO BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Clements, Richard 2300 8th Ave VERO Beach, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BINTZ, DALE 8504 BROOKLINE AVE. FT. PIERCE FL 34951	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LINDHORST, RICHARD 3430 1ST STREET SW VERO BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POMORENCE, JOE 121 11TH ST. VERO BCH., FL 32962	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD Stelow Al 1435 5th Place VERO Beach, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAIR, HARVEY 2165 8TH ST. VERO BCH., FL 32960	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dale R. Bintz* 1-30-95 562-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE