


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **711607** (2)
1. Corporation Name
TABERNACLE BAPTIST CHURCH OF VERO BEACH, INC.



| | |
|---|---|
| Principal Place of Business 51 OLD DIXIE HWY VERO BEACH FL 32962 US | Mailing Address 51 OLD DIXIE HWY VERO BEACH FL 32962 US |
|---|---|

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|--|
| 3. Date Incorporated or Qualified 10/11/1966 |
| 4. FEI Number 59-1449858 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Shari Bishop* DATE **1-12-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CLEMENTS, RICHARD | |
| STREET ADDRESS | 2300 85TH AVE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SAXON, JOHN S | |
| STREET ADDRESS | 1425 15TH AVENUE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | STELOW, AL | |
| STREET ADDRESS | 1435 5TH PLACE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | Shari Bishop | |
| STREET ADDRESS | 6604 Bayard Rd | |
| CITY-ST-ZIP | Ft. Pierce FL 34951 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | Secretary - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Richard Clements | |
| 1.3 STREET ADDRESS | 2300 85th Ave | |
| 1.4 CITY-ST-ZIP | VERO BEACH FL | |
| 2.1 TITLE | President - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | John Saxon | |
| 2.3 STREET ADDRESS | 1425 15th Ave | |
| 2.4 CITY-ST-ZIP | VERO BEACH FL | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Treasurer - D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Shari Bishop | |
| 4.3 STREET ADDRESS | 6604 Bayard Rd | |
| 4.4 CITY-ST-ZIP | Ft. Pierce, FL 34951 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shari Bishop & Shari Bishop* DATE: **1-12-98** **561-562-0720**

CR2E037 (10/97)

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