

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90014 039 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

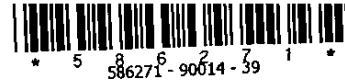


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 711607**

I. Corporation Name

**TABERNAACLE BAPTIST CHURCH OF VERO BEACH, INC.**



Principal Place of Business

Mailing Address

51 OLD DIXIE HWY  
 VERO BEACH FL 32962  
 US

51 OLD DIXIE HWY  
 VERO BEACH FL 32962  
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		10/11/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-1449858	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
3		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
4		25		29	
		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BAIR, HARVEY  
 2165 8TH ST.  
 VERO BEACH FL 32960~~

81 Name	David A. Foster	
82 Street Address (P.O. Box Number is Not Acceptable)	955 82nd Court	
83		
84 City	Vero Beach	85 Zip Code
	FL	32966

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*David A. Foster* 7/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SOX <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CLEMENTS, RICHARD	1.2 NAME	Clements, Richard
STREET ADDRESS	2500 8TH AVE	1.3 STREET ADDRESS	8302 Pasa Robles
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Ft Pierce, FL 34951
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAXON, JOHN S	2.2 NAME	McKinny, Thomas
STREET ADDRESS	1425-15TH AVENUE	2.3 STREET ADDRESS	107 19th Circle SW
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BISHOP, SHARI	3.2 NAME	Connie Foster
STREET ADDRESS	6604 BAYARD RD	3.3 STREET ADDRESS	955 82nd CT
CITY-ST-ZIP	FT. PIERCE FL 34951	3.4 CITY-ST-ZIP	Vero Beach, FL 32966
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard M. Kinney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

Date

Daytime Phone #

CR2E037 (5/99)