#### 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 above, or on an attachment with all other like empowered. SIGNATURE: LORETTA F JACKSON

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003553

Entity Name: TABERNACLE ECONOMIC DEVELOPMENT, INC.

# **Current Principal Place of Business:**

1120 WEST SILVER SPRINGS BLVD. OCALA, FL 34475

## **Current Mailing Address:**

1120 WEST SILVER SPRINGS BLVD. OCALA, FL 34475

## FEI Number: 65-1013516

## Name and Address of Current Registered Agent:

JACKSON, LORETTA F 1120 SW SILVER SPRINGS BOULEVARD OCALA, FL 34470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Р	Title	SVP
Name	BROWN, ROZELLA	Name	JACKSON, LORETTA
Address	1120 WEST SS BOULEVARD	Address	1120 WEST SS BOULEVARD
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34474
Title	Т		
l itle Name	T JACKSON, MARY		
	T JACKSON, MARY 1120 WEST SS BOULEVARD		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

DIRECTOR

04/30/2015

Date

FILED Apr 30, 2015 Secretary of State CC2675605102

Certificate of Status Desired: No

Date