



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 FEB -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000003553 1. Entity Name TABERNACLE ECONOMIC DEVELOPMENT, INC.	
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Principal Place of Business 1120 WEST SILVER SPRINGS BLVD. OCALA, FL 34475	Mailing Address 1217 NE OSCEOLA AVE. OCALA, FL 34470
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



01262005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1013516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, ROZELLA 1217 NE OSCEOLA AVE. OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. 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. I am familiar with, and accept the obligations of registered agent.

300047555313
03/02/05--01007--029 **61.75

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	DIRECTOR
NAME	BROWN, ROZELLA PRES. <input type="checkbox"/> De/ete	NAME	Rozella Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1217 NE OSCEOLA AVE.	STREET ADDRESS	1217 NE OSCEOLA AVE
CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP	Ocala, FL 34470
TITLE	D	TITLE	PRESIDENT
NAME	JACKSON, LORETTA F DIR. <input type="checkbox"/> De/ete	NAME	CHRISTINE BROWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6251 SE 36TH AVENUE	STREET ADDRESS	1822 SW 6th Street
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	Ocala, FL 34474
TITLE	TD	TITLE	DIRECTOR
NAME	JACKSON, MARY TR/DIR <input type="checkbox"/> De/ete	NAME	MARK A. FRANKLIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1613 NW 20TH AVE.	STREET ADDRESS	14395 SE 44th Ave.
CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP	Summerfield, FL 34491
TITLE	SD	TITLE	Secretary/Director
NAME	BROWN, CHRISTINE SEC/DIR <input type="checkbox"/> De/ete	NAME	Loretta F Jackson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1822 SW 6TH STREET	STREET ADDRESS	6251 SE 36th Avenue
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	Ocala, FL 34481
TITLE	<input type="checkbox"/> De/ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De/ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: **1-21-2005** 352-690-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR