

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003553

FILED  
Aug 24, 2007  
Secretary of State

Entity Name: TABERNACLE ECONOMIC DEVELOPMENT, INC.

**Current Principal Place of Business:**

1120 WEST SILVER SPRINGS BLVD.  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

1217 NE OSCEOLA AVE.  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 65-1013516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROWN, ROZELLA  
1217 NE OSCEOLA AVE.  
OCALA, FL 34470      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BROWN, ROZELLA  
Address: 1217 NE OSCEOLA AVE.  
City-St-Zip: Ocala, FL 34470

Title: P      ( ) Delete  
Name: BROWN, CHRISTINE  
Address: 1822 SW 6TH STREET  
City-St-Zip: Ocala, FL 34474

Title: D      ( ) Delete  
Name: FRANKLIN, MARK A  
Address: 14395 SE 44TH AVE.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD      ( ) Delete  
Name: JACKSON, LORETTA F  
Address: 6251 SE 36TH AVENUE  
City-St-Zip: Ocala, FL 34481

Title: TD      ( ) Delete  
Name: JACKSON, MARY  
Address: 1613 NW 20TH AVE.  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 an address, with all other like empowered.

SIGNATURE: LORETTA JACKSON

SD

08/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date