

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 044 ****61.25

000708

DOCUMENT # N01000003570

1. Entity Name
TABERNACLE BY THE SEA, INC.



Principal Place of Business Mailing Address

**158-12TH ST.
APALACHICOLA FL 32320** **C/O TAMI RAY-HUTCHINSON
249-14TH ST.
APALACHICOLA FL 32320**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3613786** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KELLOGG, MAXINE
162-12TH ST.
APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, HORACE L JR.	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ASH, BRENDA B	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAY-HUTCHINSON, TAMMIE L	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYLES, ESSIE M	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, KATHERINE	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, PATRICIA	
STREET ADDRESS	158-12TH ST.	
CITY-ST-ZIP	APALACHICOLA FL 32320	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Maxine Kellogg* Maxine Kellogg 04-28-03 850 6539671

CR2E037 (10/02)