


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90044 038 \*\*\*\*61.25

<b>DOCUMENT # N01000003570</b> 1. Entity Name TABERNACLE BY THE SEA, INC.	
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Principal Place of Business 219 16TH STREET APALACHICOLA, FL 32320	Mailing Address C/O TAMI RAY-HUTCHINSON 249-14TH ST. APALACHICOLA, FL 32320
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
Country	Country

07252005 Chg-NP CR2E037 (10/03)

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 State: <b>FL</b> Zip Code
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4. FEI Number 59-3613786	Applied For Not Applicable
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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.

SIGNATURE: *Maxine Kellogg* (NOTE: Registered Agent signature required when reinstating) DATE: 7/24/05

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, HORACE L JR. <del>158-12TH ST.</del> APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASH, BRENDA B 158-12TH ST. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY-HUTCHINSON, TAMMIE L 158-12TH ST. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLES, ESSIE M 158-12TH ST. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KATHERINE 158-12TH ST. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, PATRICIA 158-12TH ST. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 16th St.

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: *Tami Ray-Hutchinson* (SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 07/24/05 DAYTIME PHONE: 850.653.2555