

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003570

FILED
Apr 27, 2007
Secretary of State

Entity Name: TABERNACLE BY THE SEA, INC.

Current Principal Place of Business:

219 16TH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

C/O TAMI RAY-HUTCHINSON
249-14TH ST.
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 59-3613786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLOGG, MAXINE
162-12TH ST.
APALACHICOLA, FL 32320 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: PD () Delete
Name: SOLOMON, HORACE L JR.
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: TD () Delete
Name: ASH, BRENDA B
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: SD () Delete
Name: RAY-HUTCHINSON, TAMMIE L
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: WYLES, ESSIE M
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: ROBINSON, KATHERINE
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: LANE, PATRICIA
Address: 219 16TH ST
City-St-Zip: APALACHICOLA, FL 32320

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:

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: TAMMIE L. RAY-HUTCHINSON

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04/27/2007

Electronic Signature of Signing Officer or Director

Date