


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003570 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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03262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KELLOGG, MAXINE
 162-12TH ST.
 APALACHICOLA, FL 32320

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, HORACE L JR. 219 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASH, BRENDA B 219 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY-HUTCHINSON, TAMMIE L 219 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLES, ESSIE M 219 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KATHERINE 219 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, PATRICIA 219 16TH ST APALACHICOLA, FL 32320

04/23/08-80706-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-8-08 850.653.3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #