


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90008 023 ****61.25

DOCUMENT # N02000008256

1. Entity Name
TABERNALE OF PRAISE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business Mailing Address
10 W. RACE TRACK ROAD **10 W. RACE TRACK RD.**
FORT WALTON BEACH FL 32547 **FORT WALTON BEACH FL 32547**

24075773



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
01-0587171 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CUNNINGHAM, JAMES N
15 MAYA STREET
HURLBURT FIELD FL 32544

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME	P CUNNINGHAM, JAMES N	<input type="checkbox"/> Delete
STREET ADDRESS	15 MAYO STREET	
CITY-ST-ZIP	HURLBURT FIELD FL 32544	
TITLE NAME	VP THOMAS, GARY D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 HUMMINGBIRD AVE. N.W.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE NAME	T POE, ARTIS M	<input type="checkbox"/> Delete
STREET ADDRESS	7 STOWE ROAD	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE NAME	S CUNNINGHAM, KATHY SISTER	<input type="checkbox"/> Delete
STREET ADDRESS	15 MAYO STREET	
CITY-ST-ZIP	HULBURT FIELD FL 32544	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP Parker, Darin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	505 Kanuha Drive	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kathy Cunningham* 10 May 04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #