

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:26

DOCUMENT # N14328 (1)

1. Corporation Name

TABERNALE OF THE TEMPLES FELLOWSHIP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001504079
-06/02/95--01007--015
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4100 BEVERLY AVE P O BOX 9578 JACKSONVILLE FL 32208	4100 BEVERLY AVE P O BOX 9578 JACKSONVILLE FL 32208

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1986	05/01/1994
4. FEI Number	Applied For
59-2711096	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SEYMORE, LEON B.
4100 BEVERLY AVENUE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PM
NAME	SEYMORE, LEON B.
STREET ADDRESS	6753 KINLOCKE DRIVE
CITY ST ZIP	JACKSONVILLE FL
TITLE	TD
NAME	LEE, JERI
STREET ADDRESS	6371 BARRY DR
CITY ST ZIP	JACKSONVILLE FL
TITLE	SD
NAME	PEMBERTON, ERNESTINE
STREET ADDRESS	8617 HOWELL DR
CITY ST ZIP	JACKSONVILLE FL
TITLE	ATD
NAME	BENSON, WILLIE A
STREET ADDRESS	6827 KINLOCKE DR
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEYMORE, LEON B.	
1.3 STREET ADDRESS	6753 KINLOCKE DRIVE	
1.4 CITY ST ZIP	JACKSONVILLE, FL 32219	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, PHYLLIS A.	
2.3 STREET ADDRESS	7035 ALPINE ST.	
2.4 CITY ST ZIP	JACKSONVILLE, FL 32208	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEMBERTON, ERNESTINE	
3.3 STREET ADDRESS	9007 SIBBALD ROAD	
3.4 CITY ST ZIP	JACKSONVILLE, FL 32208	
4.1 TITLE	ATD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BENSON, WILLIE A.	
4.3 STREET ADDRESS	6627 KINLOCKE DRIVE	
4.4 CITY ST ZIP	JACKSONVILLE, FL 32219	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SEYMORE, VIVIAN J.	
5.3 STREET ADDRESS	6753 KINLOCKE DRIVE	
5.4 CITY ST ZIP	JACKSONVILLE, FL 32219	
6.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHNSON, FRANCES	
6.3 STREET ADDRESS	4912 DONCASTER AVENUE	
6.4 CITY ST ZIP	JACKSONVILLE, FL 32208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leon B. Seymore 4/24/95 (904) 765-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR