


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N14328
1. Entity Name
TABERNALE OF THE TEMPLES FELLOWSHIP, INC.



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



04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2711096	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

SEYMORE, LEON B.
4100 BEVERLY AVENUE
JACKSONVILLE, FL 32208

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SEYMORE, LEON B. 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIX, FAYE 6939 RESTLAWN DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, BRENDA 642 MILLRUN CT MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEYMORE, VIVIAN J 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKLAND, FRANCES 4912 DONCASTER AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINKNEY-BELL, HELEN 4645 SR 207 ELKTON, FL 32033

000000355432
05/03/05-80148-002 61.25

DO NOT WRITE IN THIS SPACE

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: *Helen Pinkney-Bell* Helen Pinkney-Bell, TD 4/28/05 904 7654123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #