

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14328

FILED
Apr 06, 2009
Secretary of State

Entity Name: TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.

Current Principal Place of Business:

4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208

New Principal Place of Business:

4100 BEVERLY AVE
JACKSONVILLE, FL 32208

Current Mailing Address:

4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-2711096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMORE, LEON B.
4100 BEVERLY AVENUE
JACKSONVILLE, FL 32208 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: PM () Delete
Name: SEYMORE, LEON B.
Address: 4100 BEVERLY AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: DIX, FAYE
Address: 6939 RESTLAWN DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: HOWARD, BRENDA
Address: 642 MILLRUN CT
City-St-Zip: MACON, GA 31210

Title: TD () Delete
Name: PINKNEY, HELEN B
Address: PO BOX 216
City-St-Zip: ELKTON, FL 32033

Title: SD () Delete
Name: FRANCES, KIRKLAND
Address: 11562 SUNKEN MEADOW CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Delete
Name: PINKNEY-BELL, HELEN
Address: 4645 SR 207
City-St-Zip: ELKTON, FL 32033

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: TD (X) Change () Addition
Name: PINKNEY-BELL, HELEN V
Address: PO BOX 216
City-St-Zip: ELKTON, FL 32033

Title: SD (X) Change () Addition
Name: FRANCES, KIRKLAND
Address: 10877 COPPER HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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: HELEN PINKNEY-BELL

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date