

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 29, 2016**

**Secretary of State**

**CC3447631591**

DOCUMENT# N14328

**Entity Name:** TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.

**Current Principal Place of Business:**

4100 BEVERLY AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

4100 BEVERLY AVENUE  
JACKSONVILLE, FL 32208

**FEI Number: 59-2711096**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEYMORE, LEON B SR  
10235 MEADOW POINTE DRIVE  
JACKSONVILLE, FL 32221 US

*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

**Officer/Director Detail :**

Title P  
Name SEYMORE, LEON B SR  
Address 10235 MEADOW POINTE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name SEYMORE, BRENDA  
Address 10235 MEADOW POINTE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name CURRY, WILLIAM  
Address 1171 LANE AVENUE S  
145  
City-State-Zip: JACKSONVILLE FL 32205

Title S  
Name KIRKLAND, FRANCES  
Address 10877 COPPERHILL DR  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name BROWN, BELINDA  
Address 12630 HOBBIT LN  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name TOLIVER, CHARLES  
Address 56 W. 44TH ST.  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name DELIGAR-HOWARD, SARIAH  
Address 1304 ODESSA ST  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name BELL , HELEN  
Address P.O. BOX 216  
City-State-Zip: ELKTON FL

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: BRENDA SEYMORE**

**VP**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name SEYMORE, JR., LEON B  
Address 7284 MADISON CIR  
City-State-Zip: UNION CITY GA 30291