

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 01 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N14328 (1)**

**1. Corporation Name  
TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.**



**Principal Place of Business Mailing Address**  
**4100 BEVERLY AVE 4100 BEVERLY AVE  
P O BOX 9578 P O BOX 9578  
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208-0578**

**3. Date Incorporated or Qualified 04/11/1986** **3a. Date of Last Report 05/01/1996**  
**4. FEI Number 59-2711096** **Applied For Not Applicable**  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

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

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **(NOTE: Registered Agent signature required when reinstating)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PM</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>SEYMORE, LEON B.</b>
<b>STREET ADDRESS</b>	<b>6753 KINLOCKE DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE FL 32219</b>
<b>TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>WILLIAMS, PHYLLIS A.</b>
<b>STREET ADDRESS</b>	<b>7035 ALPINE ST.</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE FL 32208</b>
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>PEMBERTON, ERNESTINE</b>
<b>STREET ADDRESS</b>	<b>9007 SIBBALD ROAD</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE FL 32208</b>
<b>TITLE</b>	<b>ATD</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>BENSON, WILLIE A</b>
<b>STREET ADDRESS</b>	<b>6627 KINLOCKE DR</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE FL 32219</b>
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>SEYMORE, VIVIAN J</b>
<b>STREET ADDRESS</b>	<b>6753 KINLOCKE DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE FL 32219</b>
<b>TITLE</b>	<b>ATD</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>JOHNSON, FRANCES</b>
<b>STREET ADDRESS</b>	<b>4912 DONCASTER AVENUE</b>
<b>CITY - ST - ZIP</b>	<b>KJACKSONVILLE FL 32208</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>SD PEMBERTON, ERNESTINE</b>
<b>3.3 STREET ADDRESS</b>	<b>8617 HOWELL DRIVE</b>
<b>3.4 CITY - ST - ZIP</b>	<b>JACKSONVILLE, FL. 32208</b>
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	<b>T D JOHNSON, FRANCES</b>
<b>6.3 STREET ADDRESS</b>	<b>4912 DONCASTER AVENUE</b>
<b>6.4 CITY - ST - ZIP</b>	<b>JACKSONVILLE, FL. 32208</b>

**14. I do 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 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: ERNESTINE PEMBERTON** *Ernestine Pemberton* **4/17/97 (904) 765-4123**

CR2E037 (9/96)