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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14328

1. Corporation 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/11/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2711096
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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

TITLE	PM	<input type="checkbox"/> DELETE
NAME	SEYMORE, LEON B.	
STREET ADDRESS	6753 KINLOCKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEMBERTON, ERNESTINE	
STREET ADDRESS	8617 HOWELL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ATO	<input type="checkbox"/> DELETE
NAME	BENSON, WILLIE A	
STREET ADDRESS	6627 KINLOCKE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEYMORE, VIVIAN J	
STREET ADDRESS	6753 KINLOCKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, FRANCES	
STREET ADDRESS	4912 DONCASTER AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEMBERTON, ERNESTINE
2.3 STREET ADDRESS	PO Box 16131
2.4 CITY-ST-ZIP	Tallahassee, FLA 32317-6131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Frances Johnson 4/28/99 (904)765-4123

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

CR2E037 (11/98)