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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26892

1. Corporation Name

TABERNALE BAPTIST CHURCH INC.

Principal Place of Business

TABERNALE BAPTIST
 PALATKA FL 32177
 US

Mailing Address

2701 REID STREET
 PALATKA FL 32177
 US



2. Principal Place of Business

21 **TABERNALE BAPTIST**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **2701 REID STREET**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/10/1988

4. FEI Number

59-1519538

Applied For

Not Applicable

City & State

23 **PALATKA, FLORIDA**

City & State

28 **PALATKA, FLORIDA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Country

24 **32177** 25 **USA**

Zip Country

29 **32177** 30 **USA**

9. Name and Address of Current Registered Agent

JOHN M. MEEKS
 2701 REID STREET
 PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

John M. Meeks

82 Street Address (P.O. Box Number is Not Acceptable)

2701 Reid Street

83

Palatka,

84 City

FL

85 Zip Code

32177

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 *John M. Meeks*

January 20, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **CD MEEKS, JOHN M**
 STREET ADDRESS **STAR RT 2, BOX 32**
 CITY-ST-ZIP **SATSUMA FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T LASSITER, WAYNE R**
 STREET ADDRESS **2105 KIRBY ST**
 CITY-ST-ZIP **PALATKA FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S CODY, FAYE**
 STREET ADDRESS **RT 3, BOX 219**
 CITY-ST-ZIP **EAST PALATKA FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T LASSITER, LARRY**
 STREET ADDRESS **1003 CLEVELAND AVE.**
 CITY-ST-ZIP **PALATKA FL 32177**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS **P. O. Box 661**
 4.4 CITY-ST-ZIP **Palatka, FL 32178-0661**

TITLE DELETE
 NAME **T HUNTER, WAYNE**
 STREET ADDRESS **210 BELMONT DRIVE**
 CITY-ST-ZIP **PALATKA FL 32177**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS **Rt. 3, Box 2492**
 5.4 CITY-ST-ZIP **Palatka, FL 32177**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)(f), 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: *John M. Meeks* SIGNATURE REQUIRED

January 20, 1999 904-325-5421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)