


FILE NOW: FILING FEE IS \$61.25

FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N48868 (6)  
1. Corporation Name  
THE TABERNACLE OF THE HIGHER POWER, INC.



Principal Place of Business: 433 SOUTH MAIN STREET, LAKE PLACID FL 33852 US  
Mailing Address: P.O. BOX 3300, LAKE PLACID FL 33852 US

3. Date Incorporated or Qualified: 05/14/1992  
4. FEI Number: 59-3124651  
5. Certificate of Status Desired:  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: RANDOLPH, NATHANIEL, 1928 DECATOR STREET, SEBRING FL 33870

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: 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	D	1.1 TITLE	President
NAME	RANDOLPH, NATHANIEL	1.2 NAME	Nathaniel Randolph D.
STREET ADDRESS	4 CAMELOT CT.	1.3 STREET ADDRESS	603 Wilson Ave. NE
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	Lake Placid FLA. 33852
TITLE	D	2.1 TITLE	Vice President D.
NAME	RANDOLPH, ANGELA	2.2 NAME	Angela Randolph
STREET ADDRESS	4 CAMLOT CT.	2.3 STREET ADDRESS	603 Wilson Ave. N.E
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	Lake Placid FLA. 33852
TITLE	D	3.1 TITLE	D. Randolph, Patricia
NAME	RANDOLPH, GERALD	3.2 NAME	Patricia
STREET ADDRESS	17 CENTRAL AVE.	3.3 STREET ADDRESS	118 Abel Rd.
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	Lake Placid FLA, 33852
TITLE	D	4.1 TITLE	D. Randolph, GERALD
NAME	RANDOLPH, PATRICIA	4.2 NAME	GERALD
STREET ADDRESS	17 CENTRAL AVE.	4.3 STREET ADDRESS	118 Abel Rd.
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	Lake Placid FLA. 33852
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Nathaniel Randolph

CR2E037 (10/97)