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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 # N48868

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
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372840-90044-15



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/14/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3124651
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RANDOLPH, NATHANIEL 1928 DECATOR STREET SEBRING FL 33870		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	603 WILSON AVE.NE
		84 City	Lake Placid FL 85 Zip Code 33852

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, NATHANIEL	1.2 NAME	
STREET ADDRESS	603 WILSON AVENUE N E	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, ANGELA	2.2 NAME	
STREET ADDRESS	603 WILSON AVENUE N E	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, PATRICIA	3.2 NAME	
STREET ADDRESS	718 ABEL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, GERALD	4.2 NAME	
STREET ADDRESS	118 ABEL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA ELLISON	5.2 NAME	
STREET ADDRESS	721 TANGERINE Road NW	5.3 STREET ADDRESS	MARY JEAN CARPENTER
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	J-08 STAFFORD DR. Lake Placid FL, 33852
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: President NATHANIEL RANDOLPH *Nathan Randolph* 3/30/99 (941) 46590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #