

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 035 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000005767**

1. Corporation Name

**TABERNALE COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

1024 SOUTH 78TH STREET  
 TAMPA FL 33619

1024 SOUTH 78TH STREET  
 TAMPA FL 33619



2. Principal Place of Business

21 *(See ABOVE)* 1024 So. 78th St

2a. Mailing Address

26 *(Same)* 1024 So. 78th St

3. Date Incorporated or Qualified  
 10/06/1998

22 Suite, Apt. #, etc.

*(N/A)*

27 Suite, Apt. #, etc.

*(N/A)*

4. FEI Number  
 59-3575327

Applied For  
 Not Applicable

23 City & State

Tampa, Fla.

28 City & State

Tampa, Fla.

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

24 Zip

33619

25 Country

USA

29 Zip

33619

30 Country

USA

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

LANGSTON, LAWRENCE  
 1024 SOUTH 78TH STREET  
 TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

*(Same)*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE  
 NAME LANGSTON, LAWRENCE  
 STREET ADDRESS 1010 S. 76 ST  
 CITY-ST-ZIP TAMPA FL 33619

TITLE DV  DELETE  
 NAME SUGGS, ROGER  
 STREET ADDRESS 1708 WINDSOR WAY  
 CITY-ST-ZIP TAMPA FL 33619

TITLE DS  DELETE  
 NAME LANGSTON, LANA R  
 STREET ADDRESS 1010 S 76 ST  
 CITY-ST-ZIP TAMPA FL 33619

TITLE DT  DELETE  
 NAME HENRY, ANGELA M  
 STREET ADDRESS 1003 W KENTUCKY AVE  
 CITY-ST-ZIP TAMPA FL 33603

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 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)(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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/28/99  
 Date

813-628-9322  
 Daytime Phone #

0007273

CR2E037 (5/99)