

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705919

1. Entity Name

CARTER TABERNACLE CHRISTIAN METHODIST EPISCOPAL

Principal Place of Business

Mailing Address

1 SOUTH COTTAGE HILL RD.  
ORLANDO FL 32805

1 SOUTH COTTAGE HILL RD.  
ORLANDO FL 32805-2068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, JAMES E. C.  
605 EAST ROBINSON STREET  
THE DAY BUILDING  
ORLANDO FL 32801

Name

BENJAMIN, MARIE

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

807 WIL-O-WIK DRIVE

City

CASSELBERRY

FL

Zip Code

32707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE /Marie Benjamin

4/28/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ZAK, RODERICK  
STREET ADDRESS 7052 HENNEPIN AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8216 Chatham Pointe Ct.  
CITY-ST-ZIP Orlando, FL 32835-8062

TITLE TD ☐ Delete  
NAME BURNETT, ALLEN  
STREET ADDRESS 705 COOKMAN  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Orlando, FL  
CITY-ST-ZIP 32805

TITLE SD ☐ Delete  
NAME SETTLES, RUTH  
STREET ADDRESS 1801 PETERSON AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1801 Patterson Avenue  
CITY-ST-ZIP Orlando, FL 32811

TITLE D ☐ Delete  
NAME HENRY, WILLIAM  
STREET ADDRESS 4425 MALIBU STREET  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Orlando, FL  
CITY-ST-ZIP 32811

TITLE D ☐ Delete  
NAME BENTLEY, JAMES  
STREET ADDRESS 1005 RED DANDY DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Orlandd, FL 32818  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(407) 295-4931

Daytime Phone #

CR2E037 (9/99)