

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90019 007 ****61.25

DOCUMENT # 707838

1. Entity Name

THE FIRST PENTECOSTAL TABERNACLE, INC. OF TAMPA

Principal Place of Business

Mailing Address

7416 E. MOHAWK AVE.
 TAMPA FL 33610

7416 E. MOHAWK AVE.
 TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2891230

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

MCNATT, REV. HUGH A.
7420 E. MOHAWK AVE.
TAMPA FL 33610

Name

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

City

FL

Zip Code

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 _____

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	D	<input type="checkbox"/> Delete
NAME	MCNATT, HUGH A	
STREET ADDRESS	7420 E. MOHAWK AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUTREY, SYLVIA F	
STREET ADDRESS	7410 E. DELEUIL AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNATT, MARY L.	
STREET ADDRESS	7420 E. MOHAWK AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUTREY, WILLIAM G	
STREET ADDRESS	7410 E. DELEUIL AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNATT, HUGH A	
STREET ADDRESS	7420 E. MOHAWK AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILES, MICHAEL E.	
STREET ADDRESS	3527 LISA LANE	
CITY-ST-ZIP	LAKELAND FL 33610	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sylvia F. Autrey* **SYLVIA F. AUTREY**

JAN. 11, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)