

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90147 003 ****61.25

DOCUMENT # NO1000004168

1. Entity Name
JESUS TABERNACLE INC.



Principal Place of Business
**14520 N.E. 16TH AVENUE, NORTH
MIAMI FL 33161-3034**

Mailing Address
**2274 N.E. 135TH LANE
NORTH MIAMI BEACH FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1113655**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LATONA, SALVATORE
2274 N.E. 135TH LANE
NORTH MIAMI BEACH FL 33181**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LATONA, SALVATORE	
STREET ADDRESS	2274 N.E. 135TH LANE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LATONA, KIM E.C.	
STREET ADDRESS	2274 N.E. 135TH LANE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DINCKNEY, ROYAL W	
STREET ADDRESS	1912 SCOTT	OK
CITY-ST-ZIP	HOLLYWOOD FL 33020	ADDRESS CHANGE
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LOIS N	
STREET ADDRESS	439-24TH STREET APT 2	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINCKNEY, ROYAL W	
STREET ADDRESS	108 N.W. 1 AVE	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009-4108	
TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATONA SALVATORE	
STREET ADDRESS	2274 N.E. 135 LANE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181	
TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATONA, KIM E.C.	
STREET ADDRESS	2274 N.E. 135 LANE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181	
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		
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:

Latona Salvatore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-03

305-940-6268
Date Daytime Phone #

CR2E037 (10/02)