

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 016 ****70.00

DOCUMENT # N02634

1. Entity Name

LIFE TABERNACLE INC.

R

Principal Place of Business

Mailing Address

4744 W ANITA BLVD.
 TAMPA FL 33611
 US

P.O. BOX 18002
 TAMPA FL 33679-8002
 US

A0074262



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4744 W Anita Blvd.
 Suite, Apt. #, etc.
 N/A

P.O. Box 18002
 Suite, Apt. #, etc.
 N/A

City & State
 Tampa, Florida

City & State
 Tampa, Florida

4. FEI Number

59-2514646

Applied For
 Not Applicable

Zip Country
 33611 U S A

Zip Country
 33679 U S A

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

GOUDY, MICHAEL D.
11965 MINIEOLA DR.
NEW PORT RICHEY FL 34654

Name
No new Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STANTON, REV. JOHN 4744 W. ANITA BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODFELLOW, ROBERT B 3415 W CLIFTON ST TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOUDY, MICHAEL D. 11965 MINNEOLA DR NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: REV JOHN STANTON *Rev. John Stanton*

8/18/2000

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CR2E037 (9/99)