

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90027 027 \*\*\*\*70.00

**DOCUMENT # N96000003549**

1. Entity Name

**TABERNALE OF PEACE REVIVAL CENTER, INC.**

Principal Place of Business TABERNALE OF PEACE REVIVAL CENTER, INC. 5609 C. ADAMS DR. TAMPA FL 33619 US	Mailing Address TABERNALE OF PEACE REVIVAL CENTER, INC. 5609 C. ADAMS DR. TAMPA FL 33619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>5609 C. Adamo Drive</b> City & State <b>TAMPA, FLORIDA</b>	3. Mailing Address Suite, Apt. #, etc. <b>5609 C. Adamo Drive</b> City & State <b>TAMPA, FLORIDA</b>
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Zip <b>33619</b>	Country <b>USA</b>	Zip <b>33619</b>	Country <b>USA</b>
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4. FEI Number **59-3301856** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ALBERTHA**  
**7816 WICHITA WAY**  
**TAMPA FL 33619**

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.

SIGNATURE \_\_\_\_\_ (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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>ALBERTHA WILLIAMS</b>	
STREET ADDRESS <b>7816 WICHITA WAY</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>DTR</b>	<input type="checkbox"/> Delete
NAME <b>EDWARD DURANT</b>	
STREET ADDRESS <b>3211 NORTH CORD ST.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>FANNIE DURANT.</b>	
STREET ADDRESS <b>3211 NORTH CORD ST.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>DTT</b>	<input type="checkbox"/> Delete
NAME <b>SIDNEY WILLIAMS</b>	
STREET ADDRESS <b>7816 WICHITA WAY</b>	
CITY-ST-ZIP <b>TAMPA FL 33619</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MARY PETERSON</b>	
STREET ADDRESS <b>3001 N. STAR ST.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DN Edward Durant</b>	
STREET ADDRESS <b>3211 North Cord St</b>	
CITY-ST-ZIP <b>Tampa FL</b>	
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: Alberta Williams - Alberta Williams  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (8/3) 627-0150 Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)