

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90593 007 ****70.00

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1. Entity Name

TABERNALE OF PEACE REVIVAL CENTER, INC.

Principal Place of Business

Mailing Address

TABERNALE OF PEACE REVIVAL CENTER, INC.
 5609 C ADAMO DR
 TAMPA FL 33619
 US

TABERNALE OF PEACE REVIVAL CENTER, INC.
 5609 C ADAMO DR
 TAMPA FL 33619
 US

CU020894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7002 Causeway Blvd

7002 Causeway Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

4. FEI Number

59-3301856

Applied For

Not Applicable

Zip
33619

Country
USA

Zip
33619

Country
USA

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

WILLIAMS, ALBERTHA
7816 WICHITA WAY
TAMPA FL 33619

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:
FEES 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	<input type="checkbox"/> Delete
P	ALBERTHA WILLIAMS	7816 WICHITA WAY	TAMPA FL	<input type="checkbox"/>
DN	EDWARD DURANT	3211 NORTH CORD ST.	TAMPA FL	<input type="checkbox"/>
SD	FANNIE DURANT	3211 NORTH CORD ST.	TAMPA FL	<input type="checkbox"/>
DTT	SIDNEY WILLIAMS	7816 WICHITA WAY	TAMPA FL 33619	<input type="checkbox"/>
D	MARY PETERSON	3001 N. STAR ST.	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/CI/D	Alberttha Williams	7816 Wichita Way	Tampa, FL 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Edward Durant	3211 N. Cord St	Tampa FLA 33605	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Fannie Durant	3211 North Cord St.	Tampa FL 33605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DTT	Sidney Williams	7816 Wichita Way	Tampa, FLA 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Mary Peterson	3001 N Star St.	Tampa FL 33605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Alberttha Williams* **Alberttha Williams** *2/08/01* (813) 627-0150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)