

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90015 019 \*\*\*\*70.00

**DOCUMENT # N96000003549**

1. Entity Name

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

Principal Place of Business

Mailing Address

**7002 CAUSEWAY BLVD  
 TAMPA FL 33619  
 US**

**7002 CAUSEWAY BLVD  
 TAMPA FL 33619  
 US**

2. Principal Place of Business

3. Mailing Address

*7816 WICHITA WAY*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Tampa FL*

4. FEI Number

**59-3301856**

Applied For

Not Applicable

Zip

Country

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: 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	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>ALBERTHA 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>EDWARD DURANT</b>	
STREET ADDRESS	<b>3211 NORTH CORD ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</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 33605</b>	
TITLE	<b>DT</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 33605</b>	
TITLE		<input type="checkbox"/> Delete
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
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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* **ALBERTHA WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/02 (813) 627-0150*  
 Date Daytime Phone #

CR2E037 (9/01)