

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010508

Entity Name: UNITED TABERNACLE OF FAITH BAPTIST CHURCH, INC.**Current Principal Place of Business:**2133 W. 39TH STREET
JACKSONVILLE, FL 32209**Current Mailing Address:**8167 WAXWING AVENUE
JACKSONVILLE, FL 32219**FEI Number:** 46-1347688**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSLEY, DIANA E REV.
8167 WAXWING AVENUE
JACKSONVILLE, FL 32219 US*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:** DIANA E MOSLEY

04/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | P |
| Name | MOSLEY, DIANA E PASTOR |
| Address | 8167 WAXWING AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32219 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | NEAL, ELLA M CO-PASTOR |
| Address | 8167 WAXWING AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32219 |

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | MOSLEY, JORDAN N |
| Address | 8167 WAXWING AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32219 |

| | |
|-----------------|------------------------|
| Title | ASSISTANT SECRETARY |
| Name | SYKES, HATTIE B |
| Address | 1502 PEBBLE BEACH DR |
| City-State-Zip: | MITCHELLVILLE MD 20720 |

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | TORRENCE, ARNETTE LOUISE |
| Address | 7412 NW 51ST WAY |
| City-State-Zip: | COCONUT CREEK FL 33073 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | ARMSTRONG, MICHAEL T |
| Address | 1817 DENMARK DR. |
| City-State-Zip: | FLEMING ISLAND FL 32003 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | PETERSON, GEORGE |
| Address | P.O. BOX 12577 |
| City-State-Zip: | JACKSONVILLE FL 32209 |

| | |
|-----------------|-----------------------|
| Title | SECRETARY |
| Name | MOSLEY, ELLA RENE |
| Address | 8167 WAXWING AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32219 |

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANA MOSLEY**PRESIDENT**

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | TORRENCE, GARY L SR. |
| Address | 7412 NW 51ST WAY |
| City-State-Zip: | COCONUT CREEK FL 33073 |