

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707607

1. Entity Name

BEACON BAPTIST TABERNACLE, INC.

Principal Place of Business

430 CENTER ST.
POST OFFICE BOX 424
JUPITER FL 33468

Mailing Address

430 CENTER ST.
POST OFFICE BOX 424
JUPITER FL 33468-0424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7307244

Applied For

Not Applicable

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

CHUNG, DESMOND T.
19101 BARUS DRIVE
TEQUESTA FL 33469

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 NAME STREET ADDRESS CITY-ST-ZIP	VT HATCHER, STEVEN M. 1207 CHEROKEE STREET JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN E 3552 SW BIMINI CIRCLE PALM CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUNG, DESMOND T. 19101 BARUS DRIVE TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORRIS, JOHN E. 15174 72ND DR PALM BCH GARDEN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 17883 BRIDLE CT. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1126 LAKESHORE DR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. MORRIS

1/6/00

561 746 5096

Date

Daytime Phone #

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90036 013 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)