

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90106 046 ****61.25

DOCUMENT # 707607

1. Entity Name

BEACON BAPTIST TABERNACLE, INC.

Principal Place of Business

Mailing Address

**430 CENTER ST.
 POST OFFICE BOX 424
 JUPITER FL 33468**

**430 CENTER ST.
 POST OFFICE BOX 424
 JUPITER FL 33468**

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

TITLE **VT** ☐ Delete
 NAME **HATCHER, STEVEN M.**
 STREET ADDRESS **17883 BRIDLE CT**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE **D** ☐ Delete
 NAME **MOORE, JOHN E**
 STREET ADDRESS **3552 SW BIMINI CIRCLE**
 CITY-ST-ZIP **PALM CITY FL**

TITLE **P** ☐ Delete
 NAME **CHUNG, DESMOND T.**
 STREET ADDRESS **19101 BARUS DRIVE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **CD** ☐ Delete
 NAME **MORRIS, JOHN E.**
 STREET ADDRESS **1126 LAKESHORE DR**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

561-746-5096

Date

Daytime Phone #

CR2E037 (10/00)

0054785