2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707607

1. Entity Name

REACON RAPTIST TARERNACIE INC



Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90827 016 ****70.00

FILED

DEACON	DAFTIOT TABLINACLE, INC.							
430 CENTER ST.		Mailing Address 430 CENTER ST. POST OFFICE BOX 424 JUPITER FL 33468	30 CENTER ST. OST OFFICE BOX 424		1886	812 1 816 1 8	I Š II SIGIJ IZGL	
2. Principal	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 23-			Applied For]
Zip Country		Zip	Country	5. Certificate of Stat	5. Certificate of Status Desired \$8.75 Add Fee Require			1
	6. Name and Address of Current R	egistered Agent		7. Name and Addre	ess of New Registered A		-	┨
-			Name			gun		1
19101 B	DESMOND T. ARUS DRIVE		Street Address	s (P.O. Box Number is No	P.O. Box Number is Not Acceptable)			1
TEQUES	TA FL 33469				··· •			1
<u> </u>			City	FL Zip Code				1
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE Make Check	Pavable	- to	
		Trust Fund Co	Trust Fund Contribution.		Added to Fees Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS II	V 10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HATCHER, STEVEN M. 17883 BRIDLE CT JUPITER FL 33478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	☐ Change	Addition	CR2E037 (10/02)
NAME STREET ADDRESS CHYPST-ZIP	D MOORE, JOHN E 3552 SW BIMINI CIRCLE PALM CITY FL	☐ Delete	TITLE NAME STREET ADDRESS		_	Change	Addition	CR2
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		l	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Morris, John E. 1126 Lakeshore Dr Jupiter Fl 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE		☐ Delete	TITLE			Channe	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REDESMOND) T. CHUNG

☐ Delete

561-746-5096

☐ Change

☐ Change

Addition

■ Addition