

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727679

1. Entity Name

EVANGEL TABERNACLE, INC.

Principal Place of Business

4796 FORTY NINTH AVENUE  
ST PETERSBURG FL 33714

Mailing Address

4796 FORTY NINTH AVENUE  
ST PETERSBURG FL 33714

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

23-7367500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILEY, REV. STEVEN D  
1814 E. WOOD STREET  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name WILEY, REV. STEVEN D.  
Street Address (P.O. Box Number is Not Acceptable)  
4796 - 49th AVENUE No.  
City ST. PETERSBURG FL Zip Code 33714

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 D ☐ Delete  
NAME HASTING, JANET REV  
STREET ADDRESS 6710 JED DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete  
NAME CHRISTIAN, DWIGHT L  
STREET ADDRESS 14926 FISHER ROAD  
CITY-ST-ZIP TAMPA FL 33613

TITLE VD ☐ Delete  
NAME WILEY, REV STEVEN D.  
STREET ADDRESS 1814 E. WOOD  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME HARPER, MIKE W REV  
STREET ADDRESS 500 J C HARPER RD  
CITY-ST-ZIP NICHOLLS GA

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  
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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: REYNOLD STEVEN WILEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

(513) 727  
520-0096  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)