FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # 743510** 1. Entity Name HOLY TABERNACLE INTERNATIONAL HOUSE OF PRAYER FO 01-16-2001 90074 045 ****61.25 Principal Place of Business Mailing Address 825 WRIGHT STREET 825 WRIGHT STREET v v ~ x v v THOMASVILLE GA 31792 THOMASVILLE GA 31792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1845948 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENJAMIN, CHRIS 928 N.W. 65TH STREET MIAMI FL Zip Code City 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 Make Check Payable to 9...Election Campaign Financing _FILE.NOW: ___ \$5.00 May Be П Trust Fund Contribution. Added to Fees FEE IS'\$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE BENJAMIN, REV. CHRIS NAME NAME STREET ADDRESS STREET ADDRESS **825 WRIGHT STREET** THOMASVILLE GA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete MIXON, THEODOTHIA NAME NAME STREET ADDRESS 18200 NW 5TH PLACE STREET ADDRESS CITY-ST-ZIP CAROL CITY FL CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BENJAMIN, CHRIS, III NAME NAME 2602 RODMAN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL Delete TITLE Change ☐ Addition TITLE MOBLEY, CHRISTINE NAME NAME STREET ADDRESS 5210 NW 180TH TERR STREET ADDRESS CITY-ST-ZIP CAROL CITY FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Defete NAME NAME STREET ADDRESS 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

WEST ISEBURGIANES

1-9-2001 229-8-0595