

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90012 044 ****61.25

DOCUMENT # 743510

1. Entity Name

HOLY TABERNACLE INTERNATIONAL HOUSE OF PRAYER FOR ALL MANKIND, INC.

Principal Place of Business

Mailing Address

825 WRIGHT STREET
 THOMASVILLE GA 31792

825 WRIGHT STREET
 THOMASVILLE GA 31792

2. Principal Place of Business

21855 Philmont Court

3. Mailing Address

21855 Philmont Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, Florida

City & State

BOCA RATON, Florida

4. FEI Number

59-1845948

Applied For

Not Applicable

Zip

33428

Country

Palm Beach

Zip

33428

Country

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENJAMIN, CHRIS
 928 N.W. 65TH STREET
 MIAMI FL

7. Name and Address of New Registered Agent

Name: Chris Benjamin III
 Street Address (P.O. Box Number is Not Acceptable): 21855 Philmont Court
 City: BOCA RATON FL Zip Code: 33428

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: Chris Benjamin III Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 1-30-2002

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	<input type="checkbox"/> Delete
NAME	BENJAMIN, REV. CHRIS	
STREET ADDRESS	825 WRIGHT STREET	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, THEODOTIA	
STREET ADDRESS	18200 NW 5TH PLACE	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, CHRIS, III	
STREET ADDRESS	2802 RODMAN RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	MOBLEY, CHRISTINE	
STREET ADDRESS	5210 NW 180TH TERR	
CITY-ST-ZIP	CAROL CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris Benjamin III Director
 DATE: 1-30-2002
 DAYTIME PHONE: 561-470-4818

CR2E037 (9/01)