

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90283 015 ****61.25

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DOCUMENT # 743510

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

Principal Place of Business
**21855 PHILMONT COURT
BOCA RATON FL 33428**

Mailing Address
**21855 PHILMONT COURT
BOCA RATON FL 33428**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1845948** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BENJAMIN, CHRIS
21855 PHILMONT CT
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, REV. CHRIS 825 WRIGHT STREET THOMASVILLE GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benjamin, Rev. Chris 2301 NW 119 St bldg 2 # 116 Miami, FLA 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, THEODOTHIA 18200 NW 5TH PLACE CAROL CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, CHRIS, III 2602 RODMAN RD. HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benjamin, Chris III 21855 Philmont Ct. BOCA RATON, FLA 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MOBLEY, CHRISTINE 5210 NW 180TH TERR CAROL CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHERONNE BENJAMIN 21855 Philmont Ct. BOCA RATON, FLA 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Sheronne Benjamin* **4-21-03** 1-501-4704818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)