

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90053 024 \*\*\*\*61.25

**DOCUMENT # 752517**

1. Entity Name

**TABERNACLE CHRISTIAN ASSEMBLY OF GOD, INC.**

Principal Place of Business

Mailing Address

4800 BALLARD RD.  
 POST OFFICE BOX 50952  
 FT. MYERS FL 33905

4800 BALLARD RD.  
 POST OFFICE BOX 50952  
 FT. MYERS FL 33905-4300

**APR 11 2000**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**POST OFFICE BOX 50952**

City & State

City & State

**FORT MYERS, FLORIDA**

4. FEI Number

**59-2265697**

Applied For

Not Applied

Zip

Country

Zip

**33994**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDONA, JOSE A., JR.**  
**14055 NEVIS DR., S.E.**  
**FT. MYERS FL 33905**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
 NAME **CARDONA, JOSE A., JR.**  
 STREET ADDRESS **14055 NEVIS DRIVE S.E.**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **FLORIAN, ISABEL**  
 STREET ADDRESS **38 SKIPTON CIRCLE**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD** ☒ Change ☐  
 NAME **ELIZABETH MORALES**  
 STREET ADDRESS **38 SKIPTON CIRCLE**  
 CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE **TD** ☒ Delete  
 NAME **CALDERON, FIDENCIA**  
 STREET ADDRESS **4563 JERSERY RD.**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☒ Change ☐  
 NAME **LUZ GONZALEZ**  
 STREET ADDRESS **1755 SETTLER DRIVE**  
 CITY-ST-ZIP **FT. MYERS, FL. 33905**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐  
 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. CARDONA, JR. PRESIDENT 1/27/00 941-690-0183