

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90172 042 ****61.25

DOCUMENT # 758403

1. Entity Name

TABERNACLE HOUSE, INC.

Principal Place of Business

9725 DOOLITTLE RD.
 JACKSONVILLE FL 32246

Mailing Address

PO BOX 19271
 JACKSONVILLE FL 32245
 US

← **wrong zip**

2. Principal Place of Business

3. Mailing Address

P.O. Box 19271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL.

4. FEI Number

59-2825758

Applied For

Not Applicable

Zip

Country

Zip

Country

32246

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAL, KEITH M ESQ
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

T ☐ Delete
 NAME **HALLER, ROBERTA J**
 STREET ADDRESS **8720 HARE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

VD ☐ Delete
 NAME **WALTON, LYDIA P.**
 STREET ADDRESS **9725 DOOLITTLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

PTS ☐ Delete
 NAME **WALTON, OVID B**
 STREET ADDRESS **9725 DOOLITTLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

D ☐ Delete
 NAME **DORMANN, BRENDA**
 STREET ADDRESS **8751 RICARDO LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

S ☐ Delete
 NAME **BROWN, DEBORAH A**
 STREET ADDRESS **1986 TIMUCUA TRAIL**
 CITY-ST-ZIP **MIDDLEBURG FL**

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

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 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: OVID B. WALTON 7-17-02 904-7254989

CR2E037 (4/02)