

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90052 006 \*\*\*\*70.00

**DOCUMENT # 771018**

1. Entity Name

**TRUE TABERNACLE OF GOD INC.**

Principal Place of Business

Mailing Address

2573 NW 21ST ST.  
 FT. LAUDERDALE FL 33311-3414

2573 NW 21ST ST  
 FT. LAUDERDALE FL 33311-3414

2. Principal Place of Business

3. Mailing Address

*True Tabernacle of God, Inc (New Address)*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2520 NW 8 Court

City & State

City & State

FT. Lauderdale, Florida

Zip

Country

Zip

Country

33311 Broward

4. FEI Number

05-0283500

Applied For

Not Applicable

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

GARY, BISHOP MELVIN  
 2204 NW 20TH ST.  
 FT. LAUDERDALE FL 33311

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 PD  
 NAME GARY, MELVIN U. (BISHOP)  
 STREET ADDRESS 2204 NW 20TH ST.  
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE D  
 NAME LEWIS, MOORE  
 STREET ADDRESS 1601 NW 10TH AVENUE  
 CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

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

TITLE D  
 NAME BELL, ROBERT  
 STREET ADDRESS 2677 NW 24TH ST.  
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE CD  
 NAME YOUNG, WALTER KARL(DEAC.  
 STREET ADDRESS 924 NW 14TH CT.  
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE SD  
 NAME BELL, FRANCES  
 STREET ADDRESS 2677 NW 24TH ST.  
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE D  
 NAME GARY, EVELYN H.  
 STREET ADDRESS 2204 NW 20TH ST.  
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Bishop Melvin Gary* BISHOP MELVIN GARY 954 733 6279  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)