

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90030 013 ****61.25

DOCUMENT # N00000001362

1. Entity Name

HOLY TABERNACLE CHURCH OF POLK COUNTY, INCORPORA

Principal Place of Business

Mailing Address

**4601 BAKER AVE.
 HAINES CITY FL 33844-8284**

**4601 BAKER AVE.
 HAINES CITY-FL-33844-8284**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2306832

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

**GROOVER, PLENTY
 4601 BAKER AVE.
 HAINES CITY FL 33844-8284**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **GROOVER, PLENTY**
 CITY-ST-ZIP **4601 BAKER AVE.
 HAINES CITY FL 33844-8284**

TITLE ☐ Change ☐ Addition
 NAME **SUE GOWSKI**
 STREET ADDRESS **360 W. HAINES BLVD.**
 CITY-ST-ZIP **LAKE ALFRED FL. 33850**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GROOVER, HARRIET**
 CITY-ST-ZIP **4601 BAKER AVE.
 HAINES CITY FL 33844-8284**

TITLE ☐ Change ☐ Addition
 NAME **DAVID L SMITH**
 STREET ADDRESS **PO BOX 1656**
 CITY-ST-ZIP **DAVENPORT, FLA 33837**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DUNN, MONICA**
 CITY-ST-ZIP **P.O. BOX 2808
 HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
 NAME **ALDA J, SMITH**
 STREET ADDRESS **PO BOX 1656**
 CITY-ST-ZIP **DAVENPORT FLA, 33837**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **VICKERS, ARNZELL**
 CITY-ST-ZIP **2313 MAMMOTH GROVE RD.
 LAKE WALES FL 33853**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC07 (10/00)