

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001907

1. Entity Name

BIBLICAL TABERNACLE OF PRAYER FOR ALL PEOPLE, IN  
C.

FILED

Apr 18, 2002 8:00 am  
Secretary of State

04-18-2002 90493 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3110 W DIXIE BLVD  
FT PIERCE FL 34946

3110 W DIXIE BLVD  
FT PIERCE FL 34946

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

65-0989398

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

WILLIAMS, GLORIA  
3110 W DIXIE BLVD  
FT PIERCE FL 34946

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  
NAME PD  
STREET ADDRESS WILLIAMS, GLORIA  
CITY-ST-ZIP 3110 W DIXIE BLVD  
FT PIERCE FL 34946 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS LESENE, DEVONZA  
CITY-ST-ZIP 3110 W DIXIE BLVD  
FT PIERCE FL 34946 ☒ Delete

TITLE  
NAME D  
STREET ADDRESS WILLIAMS, JAMIE  
CITY-ST-ZIP 2900 AVE Q  
FT PIERCE FL 34950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME T  
STREET ADDRESS Flemmings, Besty  
CITY-ST-ZIP 1120 Ave D  
Ft. Pierce, FL 34950 ☐ Change ☒ Addition

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

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

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

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

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:

*Gloria Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

Date

(561) 460-8794

Daytime Phone

CR2E037 (9/01)