

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0086634

DOCUMENT # N00000002683

1. Entity Name

FAITH TABERNACLE OF SOUTH TAMPA, INC.

04-13-2001 90087 033 ****61.25

944618



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6015 INTERBAY BLVD. TAMPA FL 33611	Mailing Address PO BOX 19090 TAMPA FL 33616
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREEN, MONTEZ REV.
7109 S WESTSHORE BLVD.
TAMPA FL 33616**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALDRON, JOHN	
STREET ADDRESS	6650 NW 127TH PLACE	
CITY-ST-ZIP	CHIEFLAN FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIPPIN-HILL, HATTIE	
STREET ADDRESS	3005 TRILBY ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERTSON, DONALD E	
STREET ADDRESS	10303 TANNER ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, MONTEZ REV.	
STREET ADDRESS	7109 SOUTH WESTSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Montez Green* **Montez Green** April 6, 2001 (813)837-0945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)