FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 06, 2001 8:00 am Secretary of State DOCUMENT # N0000003093 1. Entity Name 05-14-2001 90017 008 ****70.00 NEW TESTAMENT TABERNACLE MINISTRY INC. 09-06-2001 90265 019 ****70.00 Principal Place of Business Mailing Address 335 W. MEMORIAL BLVD. P.O. BOX 67 LAKELAND FL 33815 LAKELAND FL 33802-0067 2. Principal Place of Business 3. Mailing Address 702 <u>54m</u> e Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For akelAnd 59-356567**3** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DO1K Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, HERBERT L Street Address (P.O. Box Number is Not Acceptable) 812 W. 14TH ST. Gilmore LAKELAND FL 33805 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. 8-30-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9,_ Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE BROWN, H.L. NAME NAMÉ STREET ADDRESS P.O. BOX 67 STREET ADDRESS CITY-ST-7IP LAKELAND FL 33802-0067 CITY-ST-ZIP VID: HERbERT BROWN SR. Delete TITLE LISTON, OTIS T JR. NAME NAMÉ 929 GILMORE AUE 902 DOVE RIDGE DR. STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP ☐ Delete MONSON, JOYCE E NAME NAME 2308 DUFF RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change LISTON, PAMELA S NAME NAME 902 DOVE RIDGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND FL 33803 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ROBERTS, ROBERTA NAME 617 W. PEACHTREE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33815 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAUGHTON, AGNES NAME NAME 390 CAROL BLVD., APT. #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 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.