

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90077 049 \*\*\*\*61.25

**DOCUMENT # N00000006738**

1. Entity Name

**GOSPEL TABERNACLE OF RECONCILIATION, INC.**



Principal Place of Business

**2841 NW 19TH STREET  
FT LAUDERDALE FL 33311**

Mailing Address

**2841 NW 19TH STREET  
FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1057041**

☒ 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

**DELICE, EGUILNER**

**4441 NW 33TH STREET**

**LAUDERDALE LAKES FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE<br>NAME  | <b>DP</b><br><b>DELICE, EGUILNER</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>4441 NW 33TH STREET</b>           |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE LAKES FL 33309</b>     |                                 |
| TITLE<br>NAME  | <b>DV</b><br><b>DELICE, EVELINE</b>  | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>4441 NW 33TH STREET</b>           |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE LAKES FL 33309</b>     |                                 |
| TITLE<br>NAME  | <b>DS</b><br><b>VOLCY, MICHELLE</b>  | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>1509 NW 5TH AVENUE</b>            |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33311</b>        |                                 |
| TITLE<br>NAME  | <b>T</b><br><b>FALUMA, WISLET</b>    | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>4441 NW 33TH STREET</b>           |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE LAKES FL 33309</b>     |                                 |
| TITLE<br>NAME  |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE<br>NAME  |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **EGUILNER DELICE**

**2-26-03**

CR2E037 (10/02)