FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # N00714 (8)

1. Corporation Name
GOSPEL TABERNACLE, INC. OF UMATILLA, FLORIDA

Principal Place of Business	Mailing Address
16311 WHISTLING PINES RD. UMATILLA FL 32784	16311 WHISTLING PINES RD. UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 08/23/1994
4. FEI Number: 59-2410136 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JERGENS, DALE FRANCIS
18215 COUNTY RD. 42
ALTOONA FL 32702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Dale Jergens 2-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	WALKER JR, BOB W	1.2 NAME	WALKER SR, BOB	
STREET ADDRESS	2780 SE 155TH ST	1.3 STREET ADDRESS	27620 S.E. 155th St.	
CITY-ST-ZIP	UMATILLA FL 32784	1.4 CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FORSYTHE, JOHN	2.2 NAME	JERGENS, DALE FRANCIS	
STREET ADDRESS	16411 WHISTLING PINES RD	2.3 STREET ADDRESS	18215 COUNTY RD. 42	
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	ALTOONA, FL. 32702	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, JIM	3.2 NAME		
STREET ADDRESS	2696 E CROOKED LK DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	HUME, JAYELYNN C	4.2 NAME		
STREET ADDRESS	260 GRANDVIEW ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Dale Jergens 2-7-96 904-589-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032730