

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-2410136** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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 **ROBERT E. WILLIAMS, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
230 East Floral Avenue
83 City **Eustis** FL 85 Zip Code **32726**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert E. Williams, Jr.* **Robert E. Williams, Jr. TD 1-25-96**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PCD ☐ DELETE
NAME **WALKER, BOB SR**
STREET ADDRESS **27020 SE 155TH ST**
CITY-ST-ZIP **ALTOONA FL**
TITLE VD ☐ DELETE
NAME **JERGENS, DALE FRANCIS**
STREET ADDRESS **18215 COUNTY RD 42**
CITY-ST-ZIP **ALTOONA FL**
TITLE TD ☐ DELETE
NAME **HOLLOWAY, JIM**
STREET ADDRESS **2696 E CROOKED LK DRIVE**
CITY-ST-ZIP **EUSTIS FL**
TITLE S ☐ DELETE
NAME **HUME, JAYELLYN C**
STREET ADDRESS **260 GRANDVIEW ST.**
CITY-ST-ZIP **UMATILLA FL 32784**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
11 TITLE PCD ☒ Change ☐ Addition
12 NAME **BOB W. WALKER, JR.**
13 STREET ADDRESS **27020 SE 155th ST**
14 CITY-ST-ZIP **Altoona, FL 32702**
21 TITLE VD ☒ Change ☐ Addition
22 NAME **James R. Holloway**
23 STREET ADDRESS **2696 East Crooked Lake Drive**
24 CITY-ST-ZIP **Eustis, FL 32726**
31 TITLE TD ☒ Change ☐ Addition
32 NAME **Robert E. Williams, Jr.**
33 STREET ADDRESS **230 East Floral Avenue**
34 CITY-ST-ZIP **Eustis, FL 32726**
41 TITLE S ☒ Change ☐ Addition
42 NAME **Clifford J. Cochran**
43 STREET ADDRESS **3233 Indian Trail**
44 CITY-ST-ZIP **Eustis, FL 32726**
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. Williams, Jr.* **Robert E. Williams, Jr. - Treas 1-25-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)