

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00714

1. Entity Name

GOSPEL TABERNACLE, INC. OF UMATILLA, FLORIDA

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90102 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16311 WHISTLING PINES RD.  
 UMATILLA FL 32784

16311 WHISTLING PINES RD.  
 UMATILLA FL 32784-8159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, ROBERT E JR.  
 230 EAST FLORAL AVENUE  
 EUSTIS FL 32726

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME PCD  
 STREET ADDRESS WALKER, BOB W JR.  
 CITY-ST-ZIP 27020 SE 155TH ST  
 ALTOONA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 STREET ADDRESS HOLLOWAY, JAMES R  
 CITY-ST-ZIP 2696 EAST CROOKED LAKE DRIVE  
 EUSTIS FL

TITLE  Change  Addition  
 NAME V D  
 STREET ADDRESS George Gavin  
 CITY-ST-ZIP 41419 Tarpon Ave  
 Umatilla, FL 32784

TITLE  Delete  
 NAME TD  
 STREET ADDRESS WILLIAMS, ROBERT E  
 CITY-ST-ZIP 230 EAST FLORAL AVENUE  
 EUSTIS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME S  
 STREET ADDRESS GAVIN, PAMELA J  
 CITY-ST-ZIP 41419 TARPON AVE  
 UMATILLA FL 32784

TITLE  Change  Addition  
 NAME S  
 STREET ADDRESS Donna Collins  
 CITY-ST-ZIP 34649 Nashua Blvd  
 Sorrento, FL 32776

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Robert E. Williams, Jr.* Robert E. Williams, Jr. 4-25-00 352-589-9622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)