

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000366

1. Entity Name

PALM TABERNACLE MINISTRIES, INC.

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90030 041 ****61.25

Principal Place of Business

390 FLAMINGO BLVD
PORT CHARLOTTE FL 33954

Mailing Address

390 FLAMINGO BLVD
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1080695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, MARY
390 FLAMINGO BLVD
PORT CHARLOTTE FL 33954

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 D ☐ Delete
NAME LOWE, MARY
STREET ADDRESS 19392 LAUZON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Change ☒ Addition
NAME Laura Sloan
STREET ADDRESS 4820 Alamedas Terr.
CITY-ST-ZIP N Port FL 34286

TITLE D ☐ Delete
NAME SLOAN, RICKY E
STREET ADDRESS 4820 ALAMETOS TERR
CITY-ST-ZIP N PORT FL 34286

TITLE D ☐ Change ☒ Addition
NAME Louis Okontwo
STREET ADDRESS 728 Mirado Blvd.
CITY-ST-ZIP Port Charlotte FL 33948

TITLE D ☐ Delete
NAME NISWANDER, BRENDA
STREET ADDRESS 2306 MALIBU LN
CITY-ST-ZIP N PORT FL 34286

TITLE D ☐ Change ☒ Addition
NAME Josephi Umama
STREET ADDRESS 21012 Delake Avenue
CITY-ST-ZIP Port Charlotte FL 33954

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02
Date

941-255-0014 Ext 202
Daytime Phone #

CR2E037 (9/01)