


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

FILED
Jun 27, 2003 8:00 am
Secretary of State

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05-27-2003 90164 028 ****61.25

DOCUMENT # NO1000000502					
1. Entity Name TABERNACLE OF GOD MINISTRIES, INC.					
Principal Place of Business 1605 MERCY DRIVE ORLANDO FL 32808		Mailing Address PO BOX 196277 WINTER SPRINGS FL 32819			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, RONALD H 137 LORI ANNE LANE WINTER SPRINGS FL 32708			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE \$ \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RONALD H		NAME	JACQUELINE A. PALMER	
STREET ADDRESS	137 LORI ANNE LANE		STREET ADDRESS	2711 PASEO ST	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DOROTHY E		NAME	SHARON D. JESSIE	
STREET ADDRESS	137 LORI ANNE LANE		STREET ADDRESS	5232 N. O.B.T. APT. 208	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, KINIESHA		NAME	ALLEN CALDWELL	
STREET ADDRESS	2926 FITZGERALD ST		STREET ADDRESS	4832 BENNINGTON PL.	
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CASSANDRA JACKSON	
STREET ADDRESS			STREET ADDRESS	3498 COUNTRY CLUB DR APT 87	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL. 32808	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: RONALD H BROWN		Date: 5/20/03		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (10/02)

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CHECK HERE IF MAKING CHANGES