

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000502

FILED
Sep 09, 2003
Secretary of State

Entity Name: TABERNACLE OF GOD MINISTRIES, INC.

Current Principal Place of Business:

1605 MERCY DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 196277
WINTER SPRINGS, FL 32819

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RONALD H
137 LORI ANNE LANE
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, RONALD H
Address: 137 LORI ANNE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BROWN, DOROTHY E
Address: 137 LORI ANNE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: JENKINS, KINIESHA
Address: 2926 FITZGERALD ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: PALMER, JACQUELINE A
Address: 2711 PASEO STREET
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: JESSZE, SHARON D
Address: 5222 N O.B.T. APT 208
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: CALDWELL, ALLEN
Address: 4832 BENNINGTON PL
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISA RATLIFF

T

09/09/2003

Electronic Signature of Signing Officer or Director

_____ Date

MARISA RATLIFF - OFFICER
8221 ESPERANZA ST.
ORLANDO, FLORIDA 32817