

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004907

1. Entity Name

END-TIME APOSTOLIC TABERNACLE OF PRAYER FOR ALL
PEOPLE & CHRISTIAN COMMUNITY OUTREACH MINISTRY.

Principal Place of Business

Mailing Address

1207 W AVON BLVD
AVON PARK FL 33825

P O BOX 3525
SEBRING FL 33871-3525

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

65-1008513

Applied For

Not Applicable

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

ABLES, CLIFFORD M III
551 S COMMERCE AVE
SEBRING FL 33870-3869

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, BARBARA 1207 W AVON BLVD AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elder Haywood Williams 163 W. 20th Street Riviera Beach, FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elder Jean Williams 163 W. 20th Street Riviera Beach, FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Barbara J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-11-2002 90077 033 ****61.25

43254

DO NOT WRITE IN THIS SPACE

CR2037 (4/02)