

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90062 048 ****61.25

DOCUMENT # N01000007833

1. Entity Name
REFUGE OF LOVE TABERNACLE INC.



Principal Place of Business
**1001 SPACE CIRCLE
PENSACOLA FL 32504**

Mailing Address
**1001 SPACE CIRCLE
PENSACOLA FL 32504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3757807**

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONG, THOMAS G JR.
1001 SPACE CIRCLE
PENSACOLA FL 32504**

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PDT LONG, THOMAS**
STREET ADDRESS **1001 SPACE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
NAME **CT Steven Scherf**
STREET ADDRESS **21 Begonia Place Apt 101**
CITY-ST-ZIP **Pensacola FL 32504**

TITLE Delete
NAME **VTS LONG, DEBRA D**
STREET ADDRESS **1001 SPACE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CT STALLWORTH, GREGORY**
STREET ADDRESS **711 LAMBERT DR**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

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: *Debra Long* **Debra Long**

6/18/03 (850) 478-3384

CR2E037 (10/02)