


# 2002 UNIFORM BUSINESS REPORT (UBR)

0594553 AT

**DOCUMENT #** N02000000468  
**1. Entity Name**  
**BRANFORD TABERNACLE, INC.**

1. 22 - 07  
**FILED**  
 02 FEB -5 PM 3:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


**Principal Place of Business**      **Mailing Address**  
**P.O. BOX 1413**      **P.O. BOX 1413**  
**BRANFORD FL 32008**      **BRANFORD FL 32008**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      P.O. BOX 450  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 BRANFORD, FL  
 Zip      Country      Zip      Country  
 32008      USA

**4. FEI Number**      **Applied For**  
**59-3503396**       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**  
**APPELL, CANDANCE L**  
**26244 HWY. 129**  
**BRANFORD FL 32008**

**7. Name and Address of New Registered Agent**  
 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, effective on the date of filing.**  
 SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)  
 200004881842-9      02-01-00      90916 038      150.00      DATE      \$61.25

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**        
 (See criteria on back)

**FILE NOW!!! FEE IS \$121.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**       **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P / D</b>	<input type="checkbox"/> Delete
NAME	<b>APPELL, ALFRED</b>	
STREET ADDRESS	<b>26244 HWY 129</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>VP / D</b>	<input type="checkbox"/> Delete
NAME	<b>APPELL, CANDANCE</b>	
STREET ADDRESS	<b>26244 HWY. 129</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>ST / D.</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, NATHALIE C</b>	
STREET ADDRESS	<b>PO BOX 191</b>	
CITY-ST-ZIP	<b>O BRIEN FL 32071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, NATHALIE C</b>	
STREET ADDRESS	<b>P.O. BOX 191</b>	
CITY-ST-ZIP	<b>O BRIEN, FL 32071</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Candance Appell      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: Jan 25, 2002      Daytime Phone #: 346-935-2150

CR2E034 (9/01)