

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90064 050 ****61.25

DOCUMENT # N02000000468

1. Entity Name
BRANFORD TABERNACLE, INC.



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

Mailing Address
P.O. BOX 450
BRANFORD FL 32008



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3503396**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

APPELL, CANDANCE L
26244 HWY 129
BRANFORD FL 32008

Name
CANDANCE L Appell
Street Address (P.O. Box Number is Not Acceptable)
26244 Hwy 129
BRANford **FL** Zip Code **32008**

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

Candance Appell Candance L Appell Feb 3, 2003

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

(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 **PD** Delete
NAME **APPELL, ALFRED**
STREET ADDRESS **26244 HWY 129**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **APPELL, CANDANCE**
STREET ADDRESS **26244 HWY 129**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME **HILL, NATHALIE C**
STREET ADDRESS **P.O. BOX 191**
CITY-ST-ZIP **OBRIEN FL 32071**

TITLE Change Addition
NAME
STREET ADDRESS **20673 97th DRIVE**
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:

Candance L Appell 2/03/03 (386) 935-4258

CR2E037 (10/02)