


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N02000002190 1. Entity Name HOLY TABERNACLE BAPTIST CHURCH, INC. |  |
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| Principal Place of Business 3015 S. 75TH ST. TAMPA, FL 33619 | Mailing Address 8333 ENDIVE AVENUE TAMPA, FL 33619 |
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DO NOT WRITE IN THIS SPACE



04242004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 04-3626356 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SHEPPARD, ALFRED H SR. 8333 ENDIVE AVENUE TAMPA, FL 33619 |
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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

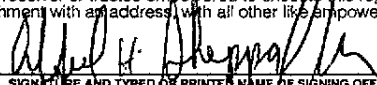
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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHEPPARD, ALFRED H SR. 8333 ENDIVE AVENUE TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHEPPARD, YVONNE 8333 ENDIVE AVENUE TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS JACKSON, EARL 8333 ENDIVE AVENUE TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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000000139353
04/29/04-80118-011 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____