

FILED
Jul 28, 2003 8:00 am
Secretary of State

06-16-2003 90140 020 ****61.25

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

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DOCUMENT # N02000002190					
1. Entity Name HOLY TABERNACLE BAPTIST CHURCH, INC.					
Principal Place of Business 8333 ENDIVE AVENUE TAMPA, FL 33619			Mailing Address 8333 ENDIVE AVENUE TAMPA, FL 33619		
2. Principal Place of Business 3015 S. 75th St.			3. Mailing Address [REDACTED]		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa, FL		City & State		4. FEI Number 04-3626356	
Zip 33619		Country US		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ALFRED H SR. 8333 ENDIVE AVENUE TAMPA, FL 33619			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, 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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SHEPPARD, ALFRED H SR. 8333 ENDIVE AVENUE TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Earl Jackson, Jr. IDA	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPPARD, YVONNE 8333 ENDIVE AVENUE TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE EARL Jackson IDA Tampa, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 the title empowered.					
SIGNATURE: <u>Alfred H. Sheppard, Sr.</u> 5-26-03 813-677-0859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					