

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 020 ****61.25

DOCUMENT # N02000007928

1. Entity Name
BRIDGE OF HOPE TABERNACLE INC.



Principal Place of Business
**3634 COMMERCIAL WAY
SPRING HILL, FL 34606**

Mailing Address
**9264 NORTH CLIFF BLVD
SPRING HILL, FL 34606**

00012868



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
71-0909133

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

**TAYLOR, DWIGHT
9264 NORTH CLIFF BLVD
SPRING HILL, FL 34606**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 TAYLOR, DWIGHT
STREET ADDRESS 9264 NORTH CLIFF BLVD
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE TD ☐ Change ☒ Addition
NAME Richard, Sheets
STREET ADDRESS 15103 Vine St.
CITY-ST-ZIP Hudson, FL 34667

TITLE STD ☐ Delete
NAME TAYLOR, DIANA
STREET ADDRESS 9264 NORTH CLIFF BLVD
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BELL, ROBERT E
STREET ADDRESS 9431 MAXWELL LANE
CITY-ST-ZIP PORT RICHEY, FL 34668

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:

Rev. Dwight Taylor
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

1-15-05 (352) 398-6028
Date Daytime Phone #