

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
 08-24-2000 90033 016 \*\*\*\*70.00

**DOCUMENT # N02634**

1. Entity Name

**LIFE TABERNACLE INC.**

*R*

Principal Place of Business

**4744 W ANITA BLVD.  
 TAMPA FL 33611  
 US**

Mailing Address

**P.O. BOX 18002  
 TAMPA FL 33679-8002  
 US**

**A0074262**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4744 W Anita Blvd.  
 Suite, Apt. #, etc.  
 N/A**

3. Mailing Address

**P.O. Box 18002  
 Suite, Apt. #, etc.  
 N/A**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number  
**59-2514646**

Applied For  
 Not Applicable

Zip  
**33611** Country  
**U S A**

Zip  
**33679** Country  
**U S A**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOUDY, MICHAEL D.  
 11965 MINIEOLA DR.  
 NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name  
**No new Registered Agent**  
 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.

SIGNATURE

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STANTON, REV. JOHN 4744 W. ANITA BLVD. TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOODFELLOW, ROBERT B 3415 W CLIFTON ST TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOUDY, MICHAEL D. 11965 MINNEOLA DR NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

**SIGNATURE:**

**REV. JOHN STANTON**

8/18/2000

813 837 0650

CR2E037 (9/99)