

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20870

1. Entity Name

CLOUD OF GLORY WORSHIP CENTER, INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90106 030 \*\*\*\*\*70.00

Principal Place of Business

7002 E. MARTIN LUTHER KING BLVD.  
 TAMPA FL 33619  
 US

Mailing Address

7002 E. MARTIN LUTHER KING BLVD.  
 TAMPA FL 33619  
 US

00004022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2815714

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

TAYLOR, NATHAN J.  
 1612 DUSTY ROSE LN  
 BRANDON FL 33510

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.

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**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME TAYLOR, NATHAN J.  
 STREET ADDRESS 1612 DUSTY ROSE LANE  
 CITY-ST-ZIP BRANDON FL ☐ Delete

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

TITLE SD  
 NAME TAYLOR, BONNYE L.  
 STREET ADDRESS 1612 DUSTY ROSE LANE  
 CITY-ST-ZIP BRANDON FL ☒ Delete

TITLE VD  
 NAME Bernard Keel  
 STREET ADDRESS 1625 Univ. Woods Pl.  
 CITY-ST-ZIP Tampa FL 33612 ☒ Change ☐ Addition

TITLE TB  
 NAME BARTON, ALLENE  
 STREET ADDRESS 4306 LASALLE ST  
 CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Nathan J. Taylor* NATHAN J. Taylor 9/5/01 (813)620-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)