

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90054 041 ****61.25

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DOCUMENT # N26937

1. Entity Name

**MISHKAN T'HILLAH (TABERNACLE OF PRAISE) WORSHIP
CENTER, INC.**



Principal Place of Business

**2820 N.W. 167TH TERRACE
MIAMI FL 33056
US**

Mailing Address

**2820 N.W. 167TH TERR.
MIAMI FL 33055
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0102818**

Applied For

Not Applicable

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

**HARBIN, WILBUR T., SR.
3316 ONYX ROAD
MIRAMAR FL 33025**

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	PD	☐ Delete
NAME	HARBIN, WILBUR T., SR.	
STREET ADDRESS	3316 ONYX ROAD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TR	☐ Delete
NAME	BROWN, YVONNE	
STREET ADDRESS	2735 RIVER RUN CIRCLE EAST	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	STD	☒ Delete
NAME	SILVERA, MADGE	
STREET ADDRESS	3317 GARNET RD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	☐ Delete
NAME	WESLEY, WILLIAM	
STREET ADDRESS	4111 NW 191 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☒ Change ☐ Addition
NAME	Lisa D. Wilkinson	
STREET ADDRESS	20420 N.W. 32nd Avenue	
CITY-ST-ZIP	Miami, FL 33055	
TITLE		☐ Change ☐ Addition
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)(l), 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: Wilbur T. Harbin, Sr. 8/3/03 (954) 431-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)