

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90001 008 \*\*\*\*61.25

**DOCUMENT # N37448**

1. Entity Name

GOSPEL TABERNACLE

Principal Place of Business

300 N. JOG ROAD  
 WEST PALM BEACH FL 33413  
 US

Mailing Address

300 N. JOG ROAD  
 WEST PALM BEACH FL 33413  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10777 57th Place South

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

4. FEI Number

59-2221201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DEFFENBAUGH, GEORGIA E  
 300 N. JOG ROAD  
 WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name C. Sheldon Upthegrove

Street Address (P.O. Box Number is Not Acceptable)  
 10777 57th Place South

City Lake Worth

FL

Zip Code  
 33467

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, 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 PD  
 NAME UPTHEGROVE, CLAUDE SHELDON SR  
 STREET ADDRESS 300 N. JOG ROAD  
 CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

TITLE VPD  
 NAME UPTHEGROVE, PANSY R  
 STREET ADDRESS 300 N. JOG ROAD  
 CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

TITLE STD  
 NAME DEFFENBAUGH, GEORGIA E  
 STREET ADDRESS 5769 COCONUT BLVD.  
 CITY-ST-ZIP ROYAL PALM BEACH FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME UPTHEGROVE, CLAUDE SHELDON JR  
 STREET ADDRESS 10777 57th Place South  
 CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE VPD  
 NAME UPTHEGROVE, MARY J.  
 STREET ADDRESS 10777 57th Place South  
 CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE STD  
 NAME Dyben, Nichole  
 STREET ADDRESS 19202 N.W. 170th Lane  
 CITY-ST-ZIP High Springs, FL 32643 ☒ Change ☐ Addition

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

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

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-01

Date

Daytime Phone #

CR2E037 (10/00)