

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

DOCUMENT # **N37448**

1. Entity Name
GOSPEL TABERNACLE



**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90058 039 ****61.25

50007111



CHECK HERE IF MAKING CHANGES

Principal Place of Business 300 N. JOG ROAD WEST PALM BEACH FL 33413 US		Mailing Address 10777 57TH PLACE, SOUTH LAKE WORTH FL 33467 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 59-2221201	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UPTHEGROVE, C SHELDON 10777 57TH PLACE, SOUTH LAKE WORTH FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

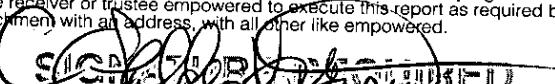
DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD UPTHEGROVE, JR., CLAUDE S 10777 57TH PLACE, SOUTH LAKE WORTH FL 33467		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPD UPTHEGROVE, MARY J 10777 57TH PLACE, SOUTH LAKE WORTH FL 33467		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD DYBEN, NICHOLE 19202 NW 170TH LANE HIGH SPRINGS FL 33043		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (10/02)

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