

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39077

1. Entity Name

GOSPEL TABERNACLE OF PLANT CITY, FLORIDA, INC.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90178 008 \*\*\*\*70.00

Principal Place of Business

GOSPEL TABERNACLE  
117 W. ALEXANDER STREET #193  
PLANT CITY FL 33566  
US

Mailing Address

GOSPEL TABERNACLE  
117 WEST ALEXANDER STREET #193  
PLANT CITY FL 33566-7155  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2918104

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

7. Name and Address of New Registered Agent

CALLINS, RICHARD E  
~~611 CHARTER COURT~~ 1417 Piney Branch Cir  
~~PLANT CITY FL 33566~~ Valrico, FL 33594

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

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 P  
NAME CALLINS, RICHARD  
STREET ADDRESS 611 CHARTER COURT  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE P  
NAME CALLINS, Richard  
STREET ADDRESS 1417 Piney Branch Cir  
CITY-ST-ZIP Valrico, FL 33594 ☒ Change ☐ Addition

TITLE AS  
NAME HOLMES, ANTHONY  
STREET ADDRESS 1504 GOTHAM COURT  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE D  
NAME Samuel Stevenson  
STREET ADDRESS 1008 South Broad Street  
CITY-ST-ZIP Plant City, FL 33566 ☐ Change ☒ Addition

TITLE S  
NAME HOLMES, PRISCILLA  
STREET ADDRESS 1504 GOTHAM COURT  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE D  
NAME Paulette Stevenson  
STREET ADDRESS 1008 South Broad Street  
CITY-ST-ZIP Plant City, FL 33566 ☐ Change ☒ Addition

TITLE D  
NAME RUTH, JEFFERY  
STREET ADDRESS 706 W. BALL STREET  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE D  
NAME Ruth, Jeffery  
STREET ADDRESS 1105 West Madison Street  
CITY-ST-ZIP Plant City, FL 33566 ☒ Change ☐ Addition

TITLE D  
NAME CROCKER, MICHAEL  
STREET ADDRESS 804 WEST BALL STREET  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE D  
NAME Diane Lee Johnson  
STREET ADDRESS 1206 MLK Blvd  
CITY-ST-ZIP Plant City, FL 33566 ☐ Change ☒ Addition

TITLE D  
NAME FLULLEN, CURTIS  
STREET ADDRESS 807 S. THOMAS STREET  
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

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

Date

Daytime Phone #

CR2E037 19/99