

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90689 001 *****8.75
 06-05-2001 90689 002 *****61.25

DOCUMENT # N39077

1. Entity Name

GOSPEL TABERNACLE OF PLANT CITY, FLORIDA, INC.

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
 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

59-2918104

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

**CALLINS, RICHARD E
 1417 PINEY BRANCH CIR
 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	<input type="checkbox"/> Delete
NAME	CALLINS, RICHARD	
STREET ADDRESS	1417 PINEY BRANCH CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOLMES, ANTHONY	
STREET ADDRESS	1504 GOTHAM COURT	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLMES, PRISCILLA	
STREET ADDRESS	1504 GOTHAM COURT	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTH, JEFFERY	
STREET ADDRESS	1105 W MADISON ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROCKER, MICHEAL	
STREET ADDRESS	804 WEST BALL STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLULLEN, CURTIS	
STREET ADDRESS	807 S. THOMAS STREET	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Priscilla F. Holmes

5/20/01

CR2E037 (10/00)