## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Feb 13, 2002 8:00 am Secretary of State **DOCUMENT # N39077** GOSPEL TABERNACLE OF PLANT CITY, FLORIDA, INC. 02-13-2002 90234 047 \*\*\*\*70.00 Principal Place of Business Mailing Address GOSPEL TABERNACLE GOSPEL TABERNACLE 117 W. ALEXANDER STREET #193 117 WEST ALEXANDER STREET #193 PLANT CITY FL 33566 PLANT CITY FL 33566 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2918104 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CALLINS, RICHARD E 1417 PINEY BRANCH CIR VALRICO FL 33594 Zip Code FL 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. -27-02 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE CR2E037 (9/01) Change ☐ Addition CALLINS, RICHARD NAME NAME STREET ADDRESS 1417 PINEY BRANCH CIRCLE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP AS TITLE ☐ Delete TITLE Change ☐ Addition HOLMES, ANTHONY NAME NAME STREET ADDRESS 1504 GOTHAM COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete TITLE ☐ Change ☐ Addition HOLMES, PRISCILLA NAME STREET ADDRESS 1504 GOTHAM COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 TITLE ☐ Delete TITLE Change ☐ Addition NAME RUTH. JEFFERY NAME STREET ADDRESS 1105 W MADISON ST STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition CROCKER, MICHEAL NAME NAME STREET ADDRESS **804 WEST BALL STREET** STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLULLEN, CURTIS NAME NAME STREET ADDRESS 807 S. THOMAS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 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.

1-27-02 (813)643-7251