

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90126 017 ****70.00

DOCUMENT # N39694

1. Entity Name

MIRACLE HARBOR TABERNACLE, INC.

00004784



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4991 E TAMiami TRAIL
 NAPLES FL 33962

4991 E TAMiami TRAIL
 NAPLES FL 34113-4131

2. Principal Place of Business

3. Mailing Address

4991 E TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

4. FEI Number

65-0246114

Applied For

Not Applicable

Zip

34113

Country

US

Zip

Country

5. Certificate of Status Desired

8

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEVINS, HUBERT
 4315 BAYSHORE DR
 NAPLES FL 33962

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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 ☐ Delete
 NAME D
 STREET ADDRESS BEVINS, DWIGHT REV
 CITY-ST-ZIP 4315 BAYSHORE DR
 NAPLES FL 34113

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BRISENTINE, JERRY
 CITY-ST-ZIP 2807 HOLLY AVE.
 NAPLES FL 33962

TITLE ☐ Change ☐ Addition
 NAME BRISENTINE, JERRY
 STREET ADDRESS 11410 WHISTLER'S COVE BLVD #1014
 CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BEVINS, HUBERT
 CITY-ST-ZIP 4515 BAYSHORE DR
 NAPLES FL 34112

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

Date: 1/10/00

CR2E037 (9/99)