

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45411

1. Entity Name

TAMPA BAY TABERNACLE, INC.

Principal Place of Business

806 E 131ST AVE
TAMPA FL 33612-4425

Mailing Address

806 E 131ST AVE
TAMPA FL 33612-4425

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3106331

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTALATIN, SAMUEL
3914 MISTY CT.
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTALATIN, SAMUEL	
STREET ADDRESS	3914 MISTY CT.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	PORTANLATIN, JENNY P	
STREET ADDRESS	3914 MISTY CT.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	12816 BANYAN ST	
CITY-ST-ZIP	HUDSON FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURSO, MICHAEL	
STREET ADDRESS	543 LEONARD ST.	
CITY-ST-ZIP	GREENPOINT NY 11612	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTALATH, ELIAS	
STREET ADDRESS	22647 WEEKS BLVD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another I am empowered.

SIGNATURE:

Samuel Portalatin Samuel Portalatin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/00 (813) 977-0830

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90065 022 ****70.00