

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48868

1. Entity Name

THE TABERNACLE OF THE HIGHER POWER, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 039 ****61.25

Principal Place of Business

901 SOUTH DELANEY AVE
 AVON PARK FL 33825
 US

Mailing Address

P.O. BOX 3300
 LAKE PLACID FL 33852
 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

59-3124651

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

RANDOLPH, NATHANIEL
 603 WILSON AVE NE
 LAKE PLACID FL 33852

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** ☐ Delete
 NAME RANDOLPH, NATHANIEL
 STREET ADDRESS 603 WILSON AVENUE N E
 CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE **VPD** ☐ Delete
 NAME RANDOLPH, ANGELA
 STREET ADDRESS 603 WILSON AVENUE N E
 CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE **D** ☐ Delete
 NAME CARPENTER, MARY JEAN
 STREET ADDRESS J-08 STAFFORD DR
 CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE **T** ☐ Delete
 NAME NEAL, SOPHIA J
 STREET ADDRESS 603 WILSON AVE N
 CITY-ST-ZIP LAKE PLACID FL 33852

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(863)-465-9197

Daytime Phone #

CR2E037 (9/01)