

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2000 90031 027 ****61.25

DOCUMENT # N94000004443

1. Entity Name

JESUS OF NAZARETH HOLY TABERNACLE PENTECOSTAL CH

Principal Place of Business

Mailing Address

2601 N. HAYNES ST.
 PENSACOLA FL 32501

1101 NORTH WEBSTER DR
 PENSACOLA FL 32505-4542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWSON, DAISY B
1101 NORTH WEBSTER DR
PENSACOLA FL 32505

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	D	Delete <input checked="" type="checkbox"/>
NAME	GIDEON, JESSIE	
STREET ADDRESS	3807 KELLY AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	Delete <input checked="" type="checkbox"/>
NAME	HODGES, HAROLD L	
STREET ADDRESS	8541 MACK STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	Delete <input checked="" type="checkbox"/>
NAME	HODGES, BARBARA A	
STREET ADDRESS	8541 MACK STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	PD	Delete <input type="checkbox"/>
NAME	DAWSON, DAISY B	
STREET ADDRESS	1101 NORTH WEBSTER DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	S	Delete <input checked="" type="checkbox"/>
NAME	TIUMAN, MARY GENE	
STREET ADDRESS	3807 KELLY AVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	TD	Delete <input type="checkbox"/>
NAME	DEES, MINNIE	
STREET ADDRESS	2800 NORTH 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	T/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	WILLIE JAMES DURANT	
STREET ADDRESS	2400 PETTWAY CIR.	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROSE DURANT	
STREET ADDRESS	2400 PETTWAY CIR.	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MINNIE DEES	
STREET ADDRESS	2800 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	

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 an other like empowered.

SIGNATURE:

DAISY B DAWSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)