

**2000 UNIFORM BUSINESS REPORT (UBR) AMENDED**

090700

DOCUMENT # N94000004443  
 1. Entity Name THE JESUS OF NAZARETH HOLY TABERNACLE PENTECOSTAL CHURCH

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

00 OCT -9 AM 11:26

Principal Place of Business Mailing Address  
2601 N. HAYNES ST.  
PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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 59-3262094 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Bishop D.B. Dawson  
1101 N. WEBSTER DR  
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
600003423306--8  
 City 10/12/00 01076 019  
\*\*\*\*63.00 FL\*\*\*\*63.00

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 Bishop D.B. Dawson X Bishop D.B. Dawson 8-14-00  
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 NAME	<u>WILLIE JAMES DURANT</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<u>ROSE DURANT</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<u>D Bishop Daisy Dawson</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>1101 N WEBSTER DR</u>
CITY-ST-ZIP	<u>PENSACOLA, FL 32505</u>
TITLE NAME	<u>T Bishop Jessie Gideon</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>3807 KELLY AVE</u>
CITY-ST-ZIP	<u>PENSACOLA, FL 32505</u>
TITLE NAME	<u>D OVERSEER Harold Hodges</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>8541 MACK ST</u>
CITY-ST-ZIP	<u>PENSACOLA, FL 32514</u>
TITLE NAME	<u>D Evangelist Barbara Hodges</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>8541 MACK ST</u>
CITY-ST-ZIP	<u>PENSACOLA, FL 32514</u>
TITLE NAME	<u>T Evangelist Lillie Davis</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>3400 N. 14th AVE</u>
CITY-ST-ZIP	<u>PENSACOLA, FL 32503</u>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Overseer Harold Hodges OVERSEER HAROLD HODGES 8-14-00 (850) 474-0826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)