

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90120 026 \*\*\*\*61.25

**DOCUMENT # N94000004443**

1. Entity Name

**JESUS OF NAZARETH HOLY TABERNACLE PENTECOSTAL CHURCH, INC.**

Principal Place of Business

2601 N. HAYNES ST.  
 PENSACOLA FL 32501

Mailing Address

2601 N. HAYNES ST.  
 PENSACOLA FL 32501

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

59-3262096

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

**DAWSON, DAISY B BISHOP**  
**1101 NORTH WEBSTER DR**  
**PENSACOLA FL 32505**

Name **OVERSEER HAROLD HODGES**

Street Address (P.O. Box Number is Not Acceptable)

**8541 MACK ST**

City **PENSACOLA,**

**FL**

Zip Code **32514**

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]* **HAROLD HODGES (OVERSEER)**

**1/27/02**

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  
 NAME **DAWSON, DAISY BISHOP**  
 STREET ADDRESS **1101 N WEBSTER DR**  
 CITY-ST-ZIP **PENSACOLA FL 32505** *PASS AWAY*

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

TITLE **T** ☐ Delete  
 NAME **GIDEON, JESSIE BISHOP**  
 STREET ADDRESS **3807 KELLY AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete  
 NAME **HODGES, HAROLD OVERSEE**  
 STREET ADDRESS **8541 MACK ST**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **D** ☐ Delete  
 NAME **HODGES, BARBARA EVANG**  
 STREET ADDRESS **8541 MACK ST**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **T** ☐ Delete  
 NAME **DAVIS, LILLIE EVANG**  
 STREET ADDRESS **3400 N 14TH AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32503**

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]* **HAROLD HODGES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/02**

**474-0826**

CR2E037 (9/01)