

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004657

1. Entity Name

THE TABERNACLE CHRISTIAN COLLEGE, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 038 ****61.25

Principal Place of Business

163 W. 20TH ST.
 RIVIERA BEACH FL 33404

Mailing Address

P.O. BOX 10201
 RIVIERA BEACH FL 33419-0201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0582232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, TAMMY R
 163 W. 20TH ST.
 RIVIERA BEACH FL 33404

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
 NAME WILLIAMS, HAYWOOD N
 STREET ADDRESS 142 E. 23RD ST.
 CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Change ☒ Addition
 NAME Drummond, Antonette
 STREET ADDRESS 616 Barber Ave
 CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE AF ☐ Delete
 NAME DAVIS, TAMMY R
 STREET ADDRESS 1000 10TH AVE. APT 11
 CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE DA ☒ Delete
 NAME LAZIM, PAULA
 STREET ADDRESS 807 SW 5TH AVE
 CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE DSA ☐ Delete
 NAME FUSHIA, BENJAMIN
 STREET ADDRESS 1001 36TH ST. APT. A108
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE DT ☒ Delete
 NAME WILLIAMS, HEATHER
 STREET ADDRESS 1917 N CONGRESS AVE
 CITY-ST-ZIP WEST PALM BEACH FL 33417

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

TITLE D ☐ Delete
 NAME EDWARDS, OCTAVIUS
 STREET ADDRESS 5872 THISLEDOWN CT
 CITY-ST-ZIP W PALM BEACH FL 33415

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)