## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 11, 2001 8:00 am § Secretary of State DOCUMENT # N9400004657 05-11-2001 90302 009 \*\*\*\*61.25 THE TABERNACLE CHRISTIAN COLLEGE, INC. Principal Place of Business Mailing Address 163 W. 20TH ST. P.O. BOX 10201 DUUULIA RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0582232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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** 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be ~ Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change Addition TITLE ☐ Delete TITLE Moses, Jerone R. II WILLIAMS, HAYWOOD N NAME NAME 21 W 25 th ST STREET ADDRESS STREET ADDRESS 142 E. 23RD ST. CITY-ST-ZIP CITY-ST-7IP **RIVIERA BEACH FL 33404** Delete Change TITLE ☐ Addition TITLE homas, baretra DAVIS, TAMMY R NAME NAME STREET ADDRESS STREET ADDRESS 1000 10TH AVE. APT 11 CITY-ST-ZIP CITY-ST-ZIP 340 7 LAKE WORTH FL 33460 Nest Palm Beach Delete ☐ Addition TITLE TITLE NAME DRUMMOND, ANTONETTE NAME STREET ADDRESS STREET ADDRESS 616 BARBER AVE CITY-ST-Z(P CITY-ST-ZIP LAKE WORTH FL 33461 Delete TITLE TITLE ☐ Change ☐ Addition NAME FUSHIA, BENJAMIN NAME STREET ADDRESS STREET ADDRESS 1001 36TH ST. APT. A108 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Delete ☐ Addition Easley, Willia NAME EDWARDS: OCTAVIUS STREET ADDRESS 5872 THISLEDOWN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33415 TITI F ☐ Delete TITLE ☐ Addition NAME MOSSSF NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

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