## NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT #N94000006294 04-19-2004 90410 029 \*\*\*\*70.00 The Tabernacle of Prayer and reliverance () DO NOT WRITE IN THIS SPACE Same Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Country \$8.75 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. I am familiar with, and accept Make Check Payable to 9. Election Campaign Financing FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/02) . Mobie NAME - 6th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ssistant IN THIS SPACE NAME NAME rason Morley STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Treasure NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered

NAME

CITY-ST-ZIP THE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRES

Postor Rose V. Moblev

FILED