

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90021 010 ****70.00

DOCUMENT # N95000000396

1. Entity Name

TABERNACLE OF JOY, INC.

Principal Place of Business

**208 NORTHWEST 15TH COURT
POMPANO BEACH FL 33060**

Mailing Address

**208 NORTHWEST 15TH COURT
POMPANO BEACH FL 33060**

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

65-0602653

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OATTS, LETHA V
208 NORTHWEST 15TH COURT
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **OATTS, LETHA V**
STREET ADDRESS **208 NORTHWEST 15TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DT** ☐ Delete
NAME **JACKSON, JANNIE**
STREET ADDRESS **1522 N.W. 6TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DTC** ☐ Delete
NAME **HORM, FELDER**
STREET ADDRESS **1982 AVANTI CIR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **DTR** ☐ Delete
NAME **JORDAN, SAMUEL**
STREET ADDRESS **7541 NW 16TH ST.**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: _____

Letha V Oatts **REQUIRED Letha V Oatts, PD 3/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)