

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 25 1997 8:00am
Secretary of State

DOCUMENT # **N95000000533 (8)**

1. Corporation Name

HOLY TABERNACLE OF FAITH, INC.



Principal Place of Business

Mailing Address

**2305 S.E. 10TH AVENUE
GAINESVILLE FL 32601**

**2305 S.E. 10TH AVENUE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

08/13/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3318206

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, MICHAEL
2305 S.E. 10TH AVENUE
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael Curry
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CUTTY, MICHAEL**
STREET ADDRESS **2305 S.E. 10TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32601**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**CURRY, MICHAEL
2305 S.E. 10TH AVE
GAINESVILLE FL 32601**

☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WHITE, FRED BESS JR.**
STREET ADDRESS **2521 S.E. 11TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**WHITE, FRED BESS
2521 S.E. 11TH AVE
GAINESVILLE FL 32601**

☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **CUTTY, NATHANIEL**
STREET ADDRESS **2521 S.E. 11TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**NATHANIEL CURRY
2521 S.E. 11TH AVENUE
GAINESVILLE**

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 and change, or on an attachment with an address.

SIGNATURE

Michael Curry
SIGNATURE REQUIRED **Michael Curry 9-10-97 379-8928**

CR2E037 (4/97)