## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

以接行法可以外以及一種行為一門被抗衛者雖然聽行人

NAME

GTREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500001267 (2)

JESUS HOLY TABERNACLE CHURCH INC.

V2000						
Principal Place of Business		Mailing Address			00411 90114 0 brot 11010 14010 01411 4001 4001	
		2209 W. HERMAN ST. PENSACOLA FL 32505-42	43			
					3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last Report 04/12/1996
		2a. Mailing Address	د		4. FEI Number 59-3293676	Applied For
Sulte, Apt. #, stc.			<u> SADIE</u>	RST.	39-3293070	Not Applicable
22 Suite, Apr. W. Sic.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28 PENSACO	LAFL	GRIDA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 32507	30 E. S C	<u>AMBIA</u>		Yes PNo
Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent
<b>!</b>				Name		
ALEXANDER, DAVID			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
197 BRIGADIER STREET PENSACOLA FL 32507			63			·
PENSAL	JULA FL 32507		0.3			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statul	tes the above	e-named corpo	oration submits this statement for the n	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	t the appointment as registered
1	in lamilia. With, and accept the conga	alions of, Section 617,0303, Fr	onda sialules	S.		ì
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NO)	E: Registered Age	etiuper erutangia Ins	ed when reinstaling)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	ALEXANDER, DAVID		1.2 NAME			
STREET ADDRESS	197 BRIGADIER ST.		1.3 STREET	ł		į
CITY-ST-ZIP	PENSACOLA FL 32507  SD DELETE		1.4 CITY - S 2.1 TITLE	ST-ZIP		Change Addition
NAME	EDWARDS, EDDIE		2.2 NAME			C Change C Addition
STREET ADDRESS	8620 HINSON ST.		2.3 STREET	ADDRESS		\ \ \
CITY-ST-ZIP	PENSACOLA FL 32514			2. 4 CITY-ST-ZIP		
TITLE	DELETE DELETE		3.1 TITLE			Change Addition
NAME	MOORE, CARRIE			1	_	•
STREET ADDRESS	200 HICKORY ST., APT. #44E		3.3 STREET	ADDRESS		·
CITY-ST-ZIP	PENSACOLA FL 32505			ST- ZIP		Ì
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	HARRIS, SALLIE		4. 2 NAME			
STREET ADDRESS	3215 W. FAIRFIELD DR.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505	——————————————————————————————————————	4.4 CITY - S	T-2IP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP	_ <del>,</del>	DELETE	54 CITY-S	IT- ZIP		Change Addition
TITLE		L.J DELETE	6.1 TITLE	1		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 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME

MADE DOLLAR STORE AND THE BOX OF THE

**FILED** 

Apr 28 1997 8:00am

Secretary of State