FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500001267

1. Corporation Name

JESUS HOLY TABERNACLE CHURCH INC.

Principal Place of Business

Mailing Address

Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90219 038 ****61.25

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2209 W. HERN PENSACOLA F		197 BHIGADIEN SI PENSACOLA FL 32507 US						
Principal Place of Business Za. Mailing Address					3. Date Incorporated or Qualifed			
21 26					03/16/1995			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Applied For		
27					59-3293676	Not Applicable		
City & State City & State					5. Certificate of Status Desired	\$8:75 -∧ Fee Re		
23 28								
Zip	Country	Zip	Country	,	6. Election Campaign Financing	6. Election Campaign Financing Trust Fund Contribution S5.00 May B Added to Fees		
24	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered		0 / 663	
	9. Name and Address of Current	Kedizisieg Adeir	81	Name	To. Haine and Addition of Now Registers	· · · · · · · · · · · · · · · · · · ·		
			82					
ALEXANDER, DAVID				Street /	Address (P.O. Box Number is Not Acceptable)			
197 BRIGADIER STREET				 			-	
PENSACC)LA FL 32507	•				1 1		
			84	City	Fi	85 Zip 0	ode	
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature n	equired when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	ALEXANDER, DAVID		1.2 NAME					
STREET ADDRESS	197 BRIGADIER ST.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-5	T-ZIP			<u>-</u>	
TITLE	SD	☐ DELETE	2.1 TITLE		,	Change	Addition	
NAME	EDWARDS, EDDIE		2.2 NAME				ļ	
STREET ADDRESS	8620 HINSON ST.		2.3 STREE	TADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32514		2. 4 CITY-	ST-ZIP				
TITLE	TD	- ~⊾.DELETE	3.1 TITLE	٠,		☐ Change	☐ Addition	
NAME	MOORE, CARRIE		3.2 NAME					
STREET ADDRESS	200 HICKORY ST., APT. #44E		3.3 STREE	TADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		3.4. CITY-	ST-ZIP		(T) (1)		
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	HARRIS, SALLIE		4, 2 NAME					
STREET ADDRESS	3215 W. FAIRFIELD DR.			TADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		4.4 CITY-3	ST-ZIP		D.Chann-	-aithhd -	
TILE	SD	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	ALEXANDER, BERLINDA F		5.2 NAME					
STREET ADDRESS	197 BRIGADIER ST			TADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32507		5.4 CITY-1	ST-ZIP	MICO	Change	Addition	
TITLE		☐ DELETE			M/D NEXCADER III	□ cnange	TA VOCINOU	
NAME			6.2 NAME		DAVID ALEXANDER III			
STREET ADDRESS				T ADDRESS	13 42 E. CKO22 21.			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	PENSACOLA, FL 32503			

14. 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 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, with all other like empowered.

EXANDER. APril 11,1999