

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001267**

1. Entity Name

JESUS HOLY TABERNACLE CHURCH INC.

Principal Place of Business

**2209 W. HERMAN ST.
PENSACOLA FL 32505**

Mailing Address

**197 BRIGADIER ST
PENSACOLA FL 32507
US**

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

59-3293676

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, DAVID
197 BRIGADIER STREET
PENSACOLA FL 32507**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	197 BRIGADIER ST.	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	D	☐ Change ☒ Addition
NAME	FRANKLIN R. ALEXANDER	
STREET ADDRESS	3109 LOST CREEK DR.	
CITY-ST-ZIP	CANTONMENT FL	

TITLE	SD	☐ Delete
NAME	EDWARDS, EDDIE	
STREET ADDRESS	8620 HINSON ST.	
CITY-ST-ZIP	PENSACOLA FL 32514	

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

TITLE	TD	☐ Delete
NAME	MOORE, CARRIE	
STREET ADDRESS	200 HICKORY ST., APT. #44E	
CITY-ST-ZIP	PENSACOLA FL 32505	

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

TITLE	D	☐ Delete
NAME	HARRIS, SALLIE	
STREET ADDRESS	3215 W. FAIRFIELD DR.	
CITY-ST-ZIP	PENSACOLA FL 32505	

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

TITLE	SD	☐ Delete
NAME	ALEXANDER, BERLINDA F	
STREET ADDRESS	197 BRIGADIER ST	
CITY-ST-ZIP	PENSACOLA FL 32507	

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

TITLE	MD	☐ Delete
NAME	ALEXANDER, DAVID III	
STREET ADDRESS	1325 E CROSS ST	
CITY-ST-ZIP	PENSACOLA FL 32503	

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: *David Alexander* **DAVID ALEXANDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 6, 2001, 850-455-7897

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90491 004 ****61.25

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DO NOT WRITE IN THIS SPACE

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