

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90026 026 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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 **ALEXANDER, DAVID**
STREET ADDRESS **197 BRIGADIER ST.**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **SD** ☐ Delete
NAME **EDWARDS, EDDIE**
STREET ADDRESS **8820 HINSON ST.**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

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

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

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

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 **MD FRANKLIN R. ALEXANDER**
STREET ADDRESS **3109 LOST CREEK DR.**
CITY-ST-ZIP **CANTONMENT, FL. 32533**

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

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

TITLE ☒ Change ☐ Addition
NAME **TD DAVID ALEXANDER III**
STREET ADDRESS **1325 E CROSS ST.**
CITY-ST-ZIP **PENSACOLA, FL. 32503**

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:

SIGNATURE REQUIRED: DAVID ALEXANDER APR 16, 2002 850-455-7897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)