2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001267

1. Entity Name

JESUS HOLY TABERNACLE CHURCH INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91084 036 ****61.25

			1					
2209 W. HERMAN ST. 197 PENSACOLA FL 32505 PENS		Mailing Address 197 BRIGADIER ST PENSACOLA FL 32507 US				,	~~~ ~	
2. Principal	Place of Business	3. Mailing Address						
Suita Ant # ata					1 18041141 418 1838	(A4112 BREST BASTA 40101	ESIN SOISI IIDIS NOIS D	1941 4 66 4 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			HECK HERE IF M	MAKING CHANGES	6
City & State		City & State	City & State		4. FEI Number 59	3293676		pplied For
Zip	Country	Zip	Country	-	5. Certificate of Sta	atus Desired [\$8.75 Ac	lot Applicable Iditional
	6. Name and Address of Curren	t Registered Agent		- ". _"	7. Name and Addr			ed
	-		Nam	е		ood of How Hegis	Agent	
	DER, DAVID Gadier Street		Stree	Street Address (P.O. Box Number is Not Acceptable)			·	
PENSAC	OLA FL 32507		-				<u>, </u>	
			City	-		***	FL Zip Coo	de
8. The above	e named entity submits this statement f	or the purpose of changing	its registered office	e or registere	ed agent, or both, in the	he State of Florida.		and accept
the obliga	ations of registered agent.				-			, ama accopt
SIGNATURE								
, ,	Signature, typed or printed name of registered agen	and title if applicable. (N	VOTE: Registered Agent si	nature required v	when reinstating)		DATE	
•								
FILE NOW: FEE IS \$61.25		l l	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make (Florida D	Check Payable epartment of	to State
10.	OFFICERS AND DI	RECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	l 10
TITLE	PD DAVIDED DAVID	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	ALEXANDER, DAVID 197 BRIGADIER ST.		NAME					
CITY-ST-ZIP	PENSACOLA FL 32507		STREET ADDRES	S				
TITLE	SD	☐ Delete	TITLE	-		 .		
NAME	EDWARDS, EDDIE	☐ Delete	NAME				☐ Change	☐ Addition
	8620 HINSON ST.		STREET ADDRES	بعد سب				
	PENSACOLA FL 32514		CITY-ST-ZIP					
TITLE NAME	MLEXANDER, FRANKLIN R	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	3109 LOST CREEK DR		NAME STREET ADDRES	.				1
	CANTONMENT FL 32533		CITY-ST-ZIP	`				
TITLE	D	□ Delete	TITLE				☐ Change	D Addition
	HARRIS, SALLIE	<u> </u>	NAME				L Change	Addition
	3215 W. FAIRFIELD DR.		STREET ADDRES	3				
	PENSACOLA FL 32505 SD		CITY-ST-ZIP					
	ALEXANDER, BERLINDA F	☐ Delete	TITLE				Change	☐ Addition
	197 BRIGADIER ST		NAME STREET ADDRESS					i
	PENSACOLA FL 32507		CITY-ST-ZIP				•	
TITLE	TD	☐ Delete	TITLE	 			☐ Change	Addition
	ALEXANDER, DAVID III		NAME			-	□ Outunge	Addition
	1325 E CROSS ST		STREET ADDRESS	1				
12 boroby o	PENSACOLA FL 32503		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:

OSTICALIBIOSE DAVIDATEXANDER

Mara 13, 2003

850-455-7807