

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004833

1. Entity Name

TABERNACLE MINISTRIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-28-2000 90032 009 ****70.00

Principal Place of Business

Mailing Address

1024 SO. 78TH STREET
TAMPA FL 336191024 SO. 78TH STREET
TAMPA FL 33619-4750

2. Principal Place of Business

1024 So. 78th St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FLA.

City & State

Same

Zip

33619

Country

USA

Zip

Country

4. FEI Number

59-2252608

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTON, LONNIE
1024 S. 78TH STREET
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Same

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

NIA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #