

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003549

1. Entity Name

TABERNACLE OF PEACE REVIVAL CENTER, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90027 027 ****70.00

Principal Place of Business	Mailing Address
TABERNACLE OF PEACE REVIVAL CENTER, INC. 5609 C. ADAMS DR. TAMPA FL 33619 US	TABERNACLE OF PEACE REVIVAL CENTER, INC. 5609 C. ADAMS DR. TAMPA FL 33619 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>5609 C. Adamo Drive</i>	Suite, Apt. #, etc. <i>5609 C. Adamo Drive</i>

City & State <i>TAMPA, FLORIDA</i>	City & State <i>TAMPA, FLORIDA</i>
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Zip <i>33619</i>	Country <i>USA</i>	Zip <i>33619</i>	Country <i>USA</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3301856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, ALBERTHA
7816 WICHITA WAY
TAMPA FL 33619

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 _____ (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 P	<input type="checkbox"/> Delete ALBERTHA WILLIAMS 7816 WICHITA WAY TAMPA FL
TITLE DTR	<input type="checkbox"/> Delete EDWARD DURANT 3211 NORTH CORD ST. TAMPA FL
TITLE SD	<input type="checkbox"/> Delete FANNIE DURANT 3211 NORTH CORD ST. TAMPA FL
TITLE DTT	<input type="checkbox"/> Delete SIDNEY WILLIAMS 7816 WICHITA WAY TAMPA FL 33619
TITLE D	<input type="checkbox"/> Delete MARY PETERSON 3001 N. STAR ST. TAMPA FL
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edward Durant 3211 North Cord St Tampa FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alberta Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(8/3) 627-0150

CR2E037 (9/99)