2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am DOCUMENT # N9600003549 **Secretary of State** 1. Entity Name 02-13-2001 90593 007 ****70.00 TABERNACLE OF PEACE REVIVAL CENTER, INC. Principal Place of Business Mailing Address TABERNACLE OF PEACE REVIVAL CENTER, INC. TABERNACLE OF PEACE REVIVAL CENTER. INC. 5609 C ADAMO DR 5609 C ADAMO DR £0020894 TAMPA FL 33619 **TAMPA FL 33619** HS 2. Principal Place of Business 3. Mailing Address 7002 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3301856 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, ALBERTHA 7816 WICHITA WAY TAMPA FL-33619 == 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE 🗆 Delete TITLE Change * Addition Albertha Williams ALBERTHA WILLIAMS NAME NAME 2816 WichitA WAY 7816 WICHITA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tampa. DN TITLE ☐ Delete TITLE X Change Addition **EDWARD DURANT** Edward Durant NAME NAME 3211 NORTH CORD ST. 3211 N. Cord St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tampa 7/A 3D Pannie Durant SD TITLE ☐ Delete TITI E Change Addition **FANNIE DURANT** NAME NAME 3211 North Cord St. 3211 NORTH CORD ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP Tampa 33605 DTT TITLE ☐ Delete TITLE Change ☐ Addition Sidney Williams SIDNEY WILLIAMS NAME NAME WichitA WAY 7816 WICHITA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP Tampa, 7/A TITLE ☐ Delete TITLE 🔀 Change Addition MARY PETERSON NAME NAME Mary Peterson 3001 N Star St. 3001 N. STAR ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAMÉ

STREET ADDRESS

CITY-ST-ZIP