


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90037 016 ****70.00

DOCUMENT # N96000003549	
1. Entity Name TABERNACLE OF PEACE REVIVAL CENTER, INC.	

Principal Place of Business 7002 CAUSEWAY BLVD TAMPA FL 33619 US	Mailing Address 7816 WICHITA WAY TAMPA FL 33619 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3301856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input 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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBERTHA WILLIAMS		NAME	
STREET ADDRESS 7816 WICHITA WAY		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD DURANT		NAME	
STREET ADDRESS 3211 NORTH CORD ST.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33605		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FANNIE DURANT		NAME	
STREET ADDRESS 3211 NORTH CORD ST.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33605		CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDNEY WILLIAMS		NAME	
STREET ADDRESS 7816 WICHITA WAY		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARY PETERSON		NAME	
STREET ADDRESS 3001 N. STAR ST.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33605		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLDER, GLADYS		NAME	
STREET ADDRESS 2912 WINDERMERE OAK LN., #101		STREET ADDRESS	
CITY-ST-ZIP RIVERVIEW FL 33569		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: Alberta Williams Alberta Williams 3/22/2004 813-627-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #