

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-15-2001 90083 016 ****61.25

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Entity Name

GOSPEL TABERNACLE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**2039 THOMAS COURT
 JACKSONVILLE FL 32207**

**4745 DRESDEN COURT
 JACKSONVILLE FL 32257
 TO**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3400460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, RALPH
 4745 DRESDEN COURT
 JACKSONVILLE FL 32257**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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	PD	<input type="checkbox"/> Delete
NAME	RALPH, TOWNSEND	
STREET ADDRESS	4745 DRESDEN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DR	<input type="checkbox"/> Delete
NAME	MILLINER, JAMES	
STREET ADDRESS	8341 CENTURY POINT DOVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DE	<input checked="" type="checkbox"/> Delete
NAME	PORTER, BEVERLY	
STREET ADDRESS	2039 THOMAS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DE	<input checked="" type="checkbox"/> Delete
NAME	RAGLAND, WILLA E.M.	
STREET ADDRESS	2054 THOMAS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	Danny Townsend	<input type="checkbox"/> Delete
NAME	3929 Mission Dr #1	
STREET ADDRESS	Jack	
CITY-ST-ZIP	sonville, FL 32217	
TITLE	Reginald Denmark	<input type="checkbox"/> Delete
NAME	116 Bay west dr.	
STREET ADDRESS	Orlando, FL 32835	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Townsend	
STREET ADDRESS	3929 Mission Dr. #1	
CITY-ST-ZIP	Jack sonville, FL 32217	
TITLE	DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reginald Denmark	
STREET ADDRESS	116 Bay west Dr.	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raglan, Willa E. M.	
STREET ADDRESS	3000 CORNET LANE #132	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: K. RAGLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-FEB-01

Date

346-0778

Daytime Phone #

CR2E037 (10/00)