

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000211

1. Entity Name

GOSPEL TABERNACLE OF JACKSONVILLE, INC.

Principal Place of Business

2039 THOMAS COURT  
JACKSONVILLE FL 32207

Mailing Address

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

Name

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

City

FL

Zip Code

TOWNSEND, RALPH  
4745 DRESDEN COURT  
JACKSONVILLE FL 32257

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RALPH, TOWNSEND  
STREET ADDRESS 4745 DRESDEN COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DR  
NAME MILLINER, JAMES  
STREET ADDRESS 8341 CENTURY POINT DOVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE DR  
NAME MILLINER, JAMES  
STREET ADDRESS 5800 UNIVERSITY BLVD W  
CITY-ST-ZIP APT 305 JACKSONVILLE FL 32216 ☒ Change ☐ Addition

TITLE DE  
NAME TOWNSEND, DANNY  
STREET ADDRESS 3929 MISSION DR. #1  
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DE  
NAME RAGLAND, WILLA E. M.  
STREET ADDRESS 3000 CORNET LANE #132  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DE  
NAME TOWNSEND, WILLA E. M.  
STREET ADDRESS 3000 CORNET LANE #132  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Change ☐ Addition

TITLE DE  
NAME REGINALD, DENMARK  
STREET ADDRESS 116 BAY WEST DR.  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90047 001 \*\*\*\*61.25

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CR2E037 (9/01)