

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002693 (6)**

1. Corporation Name

UNITED TABERNACLE MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

**1358 HIGH PLAINS DR N
JACKSONVILLE FL 32218**

**1358 HIGH PLAINS DR N
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1955 Edge Wood Ave W.

26 1358 High Plains Dr N

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**22 City & State
Jacksonville, FL**

**27 City & State
Jacksonville, FL**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

**23 Zip
32208**

**28 Zip
32218**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**24 Country
USA**

**29 Country
USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSLEY, DIANA E
1955 EDGEWOOD AVENUE W
JACKSONVILLE FL 32208**

**81 Name
Diana E. Mosley**

**82 Street Address (P.O. Box Number is Not Acceptable)
1358 High Plains Dr. N.**

83

**84 City
JAX**

**85 Zip Code
FL 32218**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD ☐ DELETE
NAME MOSLEY, DIANA E
STREET ADDRESS 1358 HIGH PLAINS DR N
CITY-ST-ZIP JACKSONVILLE FL 32218

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VD ☐ DELETE
NAME NEAL, TONY JR
STREET ADDRESS 8167 WAXWING AVEUE
CITY-ST-ZIP JACKSONVILLE FL 32219

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD ☐ DELETE
NAME NEAL, FREDDIE
STREET ADDRESS 2021 WILSON STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD ☒ DELETE
NAME CHRISWELL, SAMUEL
STREET ADDRESS 1774 LAUDER AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ☐ DELETE
NAME NEAL, ELLA M
STREET ADDRESS 8167 WAXWING AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32219

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D ☐ DELETE
NAME NEAL, TONY III
STREET ADDRESS 8167 WAXWING AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32219

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

NOT REQUIRED

4/20/98

798-4810

CR2E037 (10/97)