FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700002693

UNITED TABERNACLE MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business
1955 EDGE WOOD AVE W JACKSONVILLE FL 32208
IIS

2. Principal Place of Business

Mailing Address

1358 HIGH PLAINS DR N JACKSONVILLE FL 32218

2a. Mailing Address

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90033 018 ****70.00

) (RDION IND) MEN NEM FRAN MEN EIN FRAN 311724 - 90033 - 18



3. Date incorporated or Qualifed

05/08/1997

City & State 31	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-4-FEI Number	·	Apı	olied For ~		
28 28 29 20 20 20 20 20 20 20	27					APPLIED FOR		Not	Applicable		
28 29 20 20 20 20 20 20 20						5 Certificate of Status Desired	127	· · · · · ·			
Zip Country Zip Country Cip Country Signature and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name 12. Name Name Name Name Name Name Name Name						Certificate of Status Desired		Fee Re	quired		
9. Name and Address of Current Registered Agent MOSLEY, DIANA E 1358 HIGH PLAINS DR N JACKSONVILLE FL 32218 84 City FL 85 Zip Code				Countr	у	6. Election Campaign Financing		\$5.00	May Be		
MOSLEY, DIANA E 1358 HIGH PLAINS DR N JACKSONVILLE FL 32218 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City				0		Trust Fund Contribution	<u>. </u>	Added to	Fees		
MOSLEY, DIANA E 1358 HIGH PLAINS DR N JACKSONVILLE FL 32218 82 Street Address (P.O. Box Number is Not Acceptable) 83	· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Registered Agent						
1358 HIGH PLAINS DR N JACKSONVILLE FL 32218 83 64 City FL 85 Zip Code 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 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, 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, 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, and the first agent and the first applicable. NOTE: Registered Agent signature required when reheateding) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME MOSLEY, DIANA E 13. STREET ADDRESS TO				81	Name						
1358 HIGH PLAINS DR N JACKSONVILLE FL 32218 83 64 City FL 85 Zip Code 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 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, 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, 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, and the first agent and the first applicable. NOTE: Registered Agent signature required when reheateding) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME MOSLEY, DIANA E 13. STREET ADDRESS TO	MACOLEY PRAME				Street Addre	A Address (B.O. Roy Number in Not Acceptable)					
JACKSONVILLE FL 32218 Sa	•			. 04	82 Street Address (P.O. Box Number is Not Acceptable)						
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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Triple Tr			:	83	3						
T1. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signatur	JACKSON	VILLE FL 32218	•	_					·		
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 and maillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		ې د خه و استون		84	City		FL	_ 185 ZIP C	,oae		
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 and maillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	11 Pursuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statutes	the abov	/e-named coroo	pration submits this statement for the	purpose of	changing its	registered		
Signature, typed or printed name of registated agent and title if applicable. (NOTE: Registated Agent signature required when reinstating) DATE	office or r	egistered agent, or both, in the State of	Florida. Such change was aut	horized by	/ the corporatio	n's board of directors. I hereby acce	ot the appoi	intment as req	jistered		
12.	SIGNATURE										
DELETE CD			***		in signature required			ID DIRECTO	RS IN 12		
NAME					₁				Addition		
STREET ADDRESS 1358 HIGH PLAINS DR N			_ 5555.5	l i				_ •	_		
City-St-ZIP		•									
TITLE	STREET ADDRESS										
NEAL, TONY JR		JACKSONVILLE FL 32218						Change	Addition		
SIREET ADDRESS S167 WAXWING AVEUE 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 DELETE 3.1 TITLE TD AMME NEAL, FREDDIE 3.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 DELETE 4.1 TITLE D AMME NEAL, ELLA M STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 DELETE 4.1 TITLE NEAL, ELLA M STREET ADDRESS STREET AD	TITLE	'=	☐ DELETE						☐ Addition		
CHANGE STREET ADDRESS STREET ADDRE											
TITLE	STREET ADDRESS		فير الله د المنطقية من المحققة	_2.3 STREE	ET ADDRESS	الريب بيواد المماد المحاد يتيمه المحاديث محاد المحا					
NEAL, FREDDIE	CITY-ST-ZIP	JACKSONVILLE FL 32219		2.4 CITY-	ST-ZIP						
STREET ADDRESS 2021 WILSON STREET 33.3 STREET ADDRESS 34. CITY-ST-ZIP JACKSONVILLE FL 32209 34. CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition		
STREET ADDRESS 2021 WILSON STREET 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP JACKSONVILLE FL 32209 3.4 CITY-ST-ZIP TITLE Change Add Address Ad	NAME	NEAL, FREDDIE		3.2 NAME							
STREET ADDRESS SACKSONVILLE FL 32219 SA. CITY-ST-ZIP Change Add	STREET ADDRESS	· · _ · · · · · · · · · · · · · · · · · · ·		3.3 STREE	ET ADDRESS						
TITLE				3.4. CITY-	ST-ZIP						
NAME NEAL, ELLA M 4.2 NAME STREET ADDRESS 8167 WAXWING AVENUE 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE NAME NEAL, TONY III 52 NAME			☐ DELETE	4.1 TITLE		•		Change	☐ Addition		
STREET ADDRESS 6167 WAXWING AVENUE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE NAME NEAL, TONY III 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME				4. 2 NAME							
CITY-ST-ZIP JACKSONVILLE FL 32219 44 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE NAME NEAL, TONY III 52 NAME		· · · · · · · · · · · · · · · · · · ·		4.3 STREE	ET ADDRESS						
TITLE D DELETE 5.1 TITLE Change Add				4.4 CITY-	ST-ZIP	•					
NAME NEAL, TONY III 52 NAME			☐ DELETE	-				Change	☐ Addition		
		l •		5.2 NAME							
	STREET ADDRESS			5.3 STREI	ET ADDRESS						
SACTV ST. 75D				5.4 CITY-	ST-ZIP						
CITY-ST-ZIP JACKSUNVILLE FL 32219 DELETE 6.1 TITLE Change Add		MONOCHAILLE LE SEE 13	☐ DELETE	6.1 TITLE		•		☐ Change	☐ Addition		
E 2 NAME				6.2 NAME				-			
NAME]	,						
SINCE I AUDICESS											
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information	CITY-ST-ZIP	asis, that the information and it decides	this filing does not qualify for the			Section 119 07(3)(i) Florida Statutes	I further cer	rtify that the in	formation		

execute this report as required by Chapter 617, Florida Statutes; and that my name appears in