

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003241

1. Entity Name

THE TRUTH HAS COME TABERNACLE, INC.

Principal Place of Business

803 N. B ST.
PENSACOLA FL 32501

Mailing Address

P. O. BOX 17412
PENSACOLA FL 32522

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

NOT APPLICABLE

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

KELLY, OCTAVIA
1017 W. HILARY ST.
PENSACOLA FL 32501

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 D
NAME KELLY, OCTAVIA
STREET ADDRESS 1017 W. HILARY ST.
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE TD
NAME WALKER, CARLOS M
STREET ADDRESS 1117 N. I ST.
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE SD
NAME KELLY, RENEE' D
STREET ADDRESS 1017 W. HILARY ST.
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE D
NAME DANIEL, CORNELIA
STREET ADDRESS P. O. BOX 17733
CITY-ST-ZIP PENSACOLA FL 32522 ☐ Delete

TITLE D
NAME DANIEL, THERESA
STREET ADDRESS 3007 BERWICK ST.
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE D
NAME JOHNSON, GLADYS
STREET ADDRESS PO BOX 17763
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME
STREET ADDRESS 1106 REVERE DR.
CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

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

TITLE SD
NAME RENEE' D. JACKSON
STREET ADDRESS 68 NEWCASTLE DR.
CITY-ST-ZIP FT WALTON BCH, FL 32547 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 222 CARYS LN
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☐ Addition

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:

OCTAVIA KELLY

7/23/01 850-452-6626

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90013 028 ****61.25

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DO NOT WRITE IN THIS SPACE

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