

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003335

1. Entity Name

TABERNACLE COMMUNITY DEVELOPMENT, INC.

FILED

Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90075 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2600 HAMMONDVILLE RD  
POMPANO BEACH FL 33069

P.O. BOX 1043  
POMPANO BEACH FL 33061

811040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0840788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOWNES, HERBERT L  
361 NW 19TH COURT  
POMPANO BEACH FL 33060

Name HERBERT L. BOWENS

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

361 N.W. 19TH COURT

City POMPANO BEACH FL Zip Code 33060

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 HERBERT L. BOWENS

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

Herbert L. Bowens

(NOTE: Registered Agent signature required when reinstating)

1-18-02

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 ☐ Delete  
NAME BOWENS, HERBERT L  
STREET ADDRESS 361 NW 19TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE SD ☐ Delete  
NAME BOWENS, JOYCE A  
STREET ADDRESS 361 NW 19TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE TD ☐ Delete  
NAME BURTON, BELINDA  
STREET ADDRESS 709 NW 1ST WAY  
CITY-ST-ZIP DEERFIELD BEACH FL 33341

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: HERBERT L. BOWENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 (954) 661-8517

Date

Daytime Phone #

CR2E037 (9/01)