

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005134**

1. Entity Name

TRUE TABERNACLE OF JESUS-CHRIST MINISTRIES, INC.**FILED**
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90124 002 ****61.25

Principal Place of Business

**2034 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407**

Mailing Address

**2034 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407**

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

65-0851346

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NAVAL, REV. LENESE P PASTOR
2032 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407****7. Name and Address of New Registered Agent**

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
After September 13, 2000 min. will be \$236.25**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 | PD | <input type="checkbox"/> Delete |
| NAME | NAVAL, LENESE P | |
| STREET ADDRESS | 2032 N. DIXIE | |
| CITY-ST-ZIP | WPB FL 33407 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | DAY, JOHN D | |
| STREET ADDRESS | 2032 NORTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ELTIRENE, JEAN C | |
| STREET ADDRESS | 341 49TH STREET | |
| CITY-ST-ZIP | WPB FL 33407 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAY, Jean Daniel | |
| STREET ADDRESS | 2032 N. Dixie Hwy | |
| CITY-ST-ZIP | West Palm Beach, FL 33407 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTIVERNE, Jean C. | |
| STREET ADDRESS | 341 49th Street #1 | |
| CITY-ST-ZIP | WPB, FL 33407 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/00

CR2E037 (5/00)