

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 049 *****61.25

0049883

DOCUMENT # N98000005134

1. Entity Name

TRUE TABERNACLE OF JESUS-CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

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

942852



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

65-0851346

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

Please take the word Rev. out
**NAVAL, REV. LENESE P PASTOR
 2032 NORTH DIXIE HIGHWAY
 WEST PALM BEACH FL 33407**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
**PD
 NAVAL, LENESE P
 2032 N. DIXIE
 WPB FL 33407**

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

TITLE NAME ☒ Delete
**SD
 DAY, JOHN D *Please replace*
 2032 NORTH DIXIE HIGHWAY
 WEST PALM BEACH FL 33407**

TITLE NAME ☒ Change ☐ Addition
**SD
 CHERY, Linda
 516 N. 5th Street, Apt. #2
 Lantana, FL 33462**

TITLE NAME ☒ Delete
**TD
 ELTIRENE, JEAN C *Wrong spelling*
 341 49TH STREET
 WPB FL 33407**

TITLE NAME ☒ Change ☐ Addition
**TD
 ESTIVERNE, Jean C.
 431 49th Street, Apt. #1
 West Palm Beach, FL 33407**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 #

04-04-01 (561) 805-8699

CR2E037 (10/00)