

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005134

1. Entity Name

TRUE TABERNACLE OF JESUS-CHRIST MINISTRIES, INC.

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90380 008 ****61.25

Principal Place of Business

Mailing Address

2034 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVAL, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAVAL, LENESE P	
STREET ADDRESS	2032 N. DIXIE	
CITY-ST-ZIP	WPB FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTIVERNE, JEAN C	
STREET ADDRESS	431 49TH STREET, APT. #1	
CITY-ST-ZIP	WPB FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHERY, LINDA	
STREET ADDRESS	516 N. 5TH STREET, APT. #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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

CR2E037 (4/02)