

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000005760**

1. Entity Name

God of the millium Tabernacle ministries Inc

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

01 MAR -2 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

935 Community Ln Tallahassee FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Leon

32310

U.S.A

4. FEI Number

59-3569310

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

7. Name and Address of New Registered Agent

Chester Brannen

935 Community Ln.

Tallahassee FL 32310

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 **D** **Pittman Wayne** ☐ Delete
NAME
STREET ADDRESS **124 Nature Tr. way**
CITY-ST-ZIP **Tallahassee FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900003736279--3**
CITY-ST-ZIP **-03/02/01--01072--017**

TITLE **D** **Wood Nelda** ☐ Delete
NAME
STREET ADDRESS **380 state st**
CITY-ST-ZIP **Eastpoint FL 32329**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *******61.25**
CITY-ST-ZIP *******61.25**

TITLE **D** **Brannen Chester** ☐ Delete
NAME
STREET ADDRESS **935 Community Ln.**
CITY-ST-ZIP **Tallahassee FL 32310**

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
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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:

X Chester Brannen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)