

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005767

1. Entity Name

TABERNACLE COMMUNITY CHURCH, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90032 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1024 SOUTH 78TH STREET  
TAMPA FL 33619  
US

1024 SOUTH 78TH STREET  
TAMPA FL 33619-4750  
US

2. Principal Place of Business

SEE ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575327

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

LANGSTON, LAWRENCE  
1024 SOUTH 78TH STREET  
TAMPA FL 33619

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

N/A

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	DP LANGSTON, LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS	1010 S. 76 ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE NAME	DV SUGGS, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	1708 WINDSOR WAY	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE NAME	DS LANGSTON, LANA R	<input type="checkbox"/> Delete
STREET ADDRESS	1010 S 76 ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE NAME	DT HENRY, ANGELA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1003 W KENTUCKY AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)