II.		
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200	1 UNIFORM BUSI	NESS REPO	RT (UBR)	C	FILED		
DOCU	JMENT # N98000 0	005767		Sep Sec	06, 2001 cretary of	8:00 am State	
TABER	NACLE COMMUNITY CHURCH	I, INC.			06-2001 90011 036		
Principal Pla	ce of Business	Mailing Address	- (''			ŕ
1024 SOUTH TAMPA FL 3 US	1 78TH STREET 3619	1024 SOUTH 78TH STREET TAMPA FL 33619 US					
CHA	Place of Business	3. Mailing Address					
	CINDY LANG		4285	_	O NOT WRITE IN THIS S		
City & Sta		City & State TrampA, Flore	ĎΑ	4. FEI Number 59	-3575327	Applied For Not Applicable	e
335 /		336 9 9	Country (VSA)	5. Certificate of State	us Desired P	8.75 Additional ee Required	
	6. Name and Address of Current P	Registered Agent	Name	7. Name and Addre	ss of New Registered A	gent	-
1024 SO		CHonda	Street Addres	s (P.O. Box Number is No	ot Acceptable)		-
TAMPA F	·L 33619		CitBRANI		FL	Zin Code	-
8. The above	e named entity submits this statement for	the purpose of changing its re				335/0	\dashv
•						: · · · .	. *.
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature requ	ized when reinstation)	DATE	· · · ,	
	FILE NOW: FEE IS \$61.25 tember 12, 2001, min. will be \$23	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees	Make Check Departmen		1
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS (CHANGES	TO OFFICERS AND DIR	ECTORS IN 10	4
TITLE	DP	☐ Delete	TITLE			Change Addition	{
NAME STREET ADDRESS CITY-ST-ZIP	LANGSTON, LAWRENCE 1010 S. 76 ST TAMPA FL 33619	ę٠	NAME STREET ADDRESS CITY-ST-ZIP	355 Cindy BRANDON	PGA -		CD2E037 (6/04)
TITLE NAME	DV SUGGS, ROGER	☐ Delete	TITLE NAME	, <u>, , , , , , , , , , , , , , , , , , </u>		☐ Change ☐ Addition	G
STREET ADDRESS CITY-ST-ZIP	1708 WINDSOR WAY TAMPA FL 33619		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	DS LANGSTON, LANA R 1010 S 76 ST	Delete,	TITLE	355	Don, FUR. 33510	Change Addition	= 6 5
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP	nce - Bran	33570	•	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	7
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
title Vame Street address		☐ Delete	TITLE NAME STREET ADDRESS		l	☐ Change ☐ Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			[] Observe []	1
NAME STREET ADDRESS		∟ Delete	NAME STREET ADDRESS		ı	☐ Change ☐ Addition	
DITY-ST-ZIP	pertify that the information supplied with the	gis filing does not qualify for th	CITY-ST-ZIP	Continu 110 07/3/6\ Flast	- O 15 // //	•	-

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.