

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006727

1. Entity Name

FELLOWSHIP TABERNACLE, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90009 040 ****61.25

Principal Place of Business

121 S. 61 TERRACE
HOLLYWOOD FL 33023

Mailing Address

121 S. 61 TERRACE
HOLLYWOOD FL 33023

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

58-2425219

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

TAYLOR, PHILLIP A
17774 S.W. 12 STREET
PEMBROKE PINES FL 33029

Name **TAYLOR, PHILLIP A.**
Street Address (P.O. Box Number is Not Acceptable)
121 S. 61 TERRACE
HOLLYWOOD
City **FL** Zip Code **33023**

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

5-31-00

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** ☐ Delete
NAME **TAYLOR, PHILLIP A**
STREET ADDRESS **17774 S.W. 12 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TAYLOR, PHILLIP A**
STREET ADDRESS **121 S. 61 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **D** ☐ Delete
NAME **ELLIS, R P**
STREET ADDRESS **17506 N.W. 7 COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **D** ☒ Delete
NAME **LESLIE, CYNTHIA M**
STREET ADDRESS **9802 S.W. 57 STREET**
CITY-ST-ZIP **COOPER CITY FL 33328**

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

TITLE **D** ☒ Delete
NAME **LESLIE, ROBERT A**
STREET ADDRESS **9802 S.W. 57 STREET**
CITY-ST-ZIP **COOPER CITY FL 33328**

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

TITLE **D** ☐ Delete
NAME **ROMERO, CARLOS**
STREET ADDRESS **7139 WEST 38 TERRACE**
CITY-ST-ZIP **HIALEAH FL**

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

TITLE **D** ☐ Delete
NAME **TAYLOR, CELESTINA**
STREET ADDRESS **17774 S.W. 12 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TAYLOR, CELESTINA**
STREET ADDRESS **121 S. 61 TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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 #

ROBERT A. LESLIE

5-31-2000

301-

828-8141

CR2E037 (9/99)