

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90110 008 \*\*\*\*61.25

**DOCUMENT # N98000006727**

1. Entity Name

**FELLOWSHIP TABERNACLE, INC.**

Principal Place of Business

Mailing Address

121 S. 61 TERRACE  
 HOLLYWOOD FL 33023

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 **PHILIP A TAYLOR**

Street Address (P.O. Box Number is Not Acceptable)

**321 SE 3RD ST APT #104**

City **DANIA**

**FL**

Zip Code **33004-4033**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**2-3-001**

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PHILIP A TAYLOR** ☒ Change ☐ Addition  
 NAME **PHILIP A TAYLOR**  
 STREET ADDRESS **321 SE 3RD ST APT #104**  
 CITY-ST-ZIP **DANIA FLA ZIP 33004-4033**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **EVANS, DOLLIE**  
 STREET ADDRESS **831 N. 69 AVE**  
 CITY-ST-ZIP **HOLLYWOOD FL. 33024**

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

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

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

TITLE **TAYLOR Celestina** ☒ Change ☐ Addition  
 NAME **TAYLOR Celestina**  
 STREET ADDRESS **321 SE 3RD ST APT #104**  
 CITY-ST-ZIP **DANIA FLA ZIP 33004-4033**

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]* **PHILIP A TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-3-001** **954-430-2078**  
**954-893-5717**

003426

CR2E037 (10/00)