

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90059 001 \*\*\*\*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

*831 N. 69 Ave.*

*831 N. 69 Ave.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Hollywood FL*

*Hollywood FL*

Zip

Country

Zip

Country

*33024*

*33024*

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**  
**321 SE 3RD STREET**  
**APT 104**  
**DANIA FL 33004-4033**

Name

*Romero, Carlos*

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

*7139 West 38 Terrace*

City

*Hialeah*

FL

Zip Code

*33012*

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

*Carlos Romero*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-10-2002*

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, PHILLIP A</b>	
STREET ADDRESS	<b>1774 S.W. 12 STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>D C</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, R P</b>	
STREET ADDRESS	<b>17506 N.W. 7 COURT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEONE, ROBERT A</b>	
STREET ADDRESS	<b>9802 S.W. 57 STREET</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33028</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEONE, ROBERT A</b>	
STREET ADDRESS	<b>9802 S.W. 57 STREET</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROMERO, CARLOS</b>	
STREET ADDRESS	<b>7139 WEST 38 TERRACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, CELSETINA</b>	
STREET ADDRESS	<b>1774 S.W. 12 STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	

TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Romero, Carlos</b>	
STREET ADDRESS	<b>7139 West 38 Terrace</b>	
CITY-ST-ZIP	<b>Hialeah FL 33012</b>	
TITLE	<b>V.P. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIS, Robbie</b>	
STREET ADDRESS	<b>17506 N.W. 7 Court</b>	
CITY-ST-ZIP	<b>Pembroke Pines FL 33029</b>	
TITLE	<b>S. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lena Tibbets</b>	
STREET ADDRESS	<b>3956 South Circle Drive # 4</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE	<b>T. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dollie Evans</b>	
STREET ADDRESS	<b>831 N. 69 Ave.</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33024</b>	
TITLE	<b>C. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, R. P.</b>	
STREET ADDRESS	<b>17506 N.W. 7 Court</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-10-2002*

Date

Daytime Phone #

*(305) 556-1612*

C-92En37 (9/01)

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