

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90058 013 ****70.00

DOCUMENT # N98000007231

1. Entity Name

TABERNACLE OUTREACH MINISTRIES, INC.

Principal Place of Business

**1316 TEMPLE CIRCLE
 HAINES CITY FL 33844**

Mailing Address

**1316 TEMPLE CIRCLE
 HAINES CITY FL 33844**

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

NOT APPLICABLE

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

**BERRY, MOSES L
 1308 AVE K, APT A
 HAINES CITY FL 33844**

Name

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

860 South Lake Shore way

City

Lake Alfred

FL

Zip Code

33850

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

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 **PD** ☐ Delete
 NAME **BERRY, MOSES L**
 STREET ADDRESS **1308 AVE K, APT A**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Berry, Moses L**
 STREET ADDRESS **860 South Lake Shore way**
 CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **STD** ☐ Delete
 NAME **BERRY, VERONICA C**
 STREET ADDRESS **1308 AVE K, APT A**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Berry, Veronica C**
 STREET ADDRESS **860 South Lake Shore way**
 CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **D** ☐ Delete
 NAME **BERRY, RUBY M**
 STREET ADDRESS **2525 N 10TH ST, APT 25**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☒ Change ☐ Addition
 NAME **Berry, Ruby**
 STREET ADDRESS **2409 Pryor Ave**
 CITY-ST-ZIP **Haines City, FL 33844**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moses L Berry

April 28, 2002

Date

Daytime Phone #

CR2E037 (9/01)