2000 UNIFORM BUSINESS REPORT (UBR)

8/28/00-90039-038-$61.25-$61.25

DOCUMENT # N99000005756

1. Entity Name

TABERNACLE OF FAITH, INC.

FILED
00 SEP 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
527 PITT STREET CLERMONT FL 34712	PO BOX 120914 CLERMONT FL 34712

2. Principal Place of Business	3. Mailing Address
23344 State Road 19	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Howey-In-The Hills, FL	City & State
Zip: 32737 / Country: U.S.	Zip / Country

4. FEI Number: 59 3640849 — ☐ 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
MCDUFFIE, EMMA DR 527 PITT STREET CLERMONT FL 34712	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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
After September 13, 2000 min. will be $236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CD MCDUFFIE, JAMES 527 PITT STREET CLERMONT FL 34712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCDUFFIE, JAMES 527 Pitt Street CLERMONT, FL 34711 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCDUFFIE, EMMA DR 527 PITT STREET CLERMONT FL 34712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCDUFFIE, EMMA DR. 527 PITT STREET CLERMONT, FL 34711 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARLOW, DELMANETTA PO BOX 120914 CLERMONT FL 34712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SP

CR2E037 (5/00)

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 — 7/18/2000 — (352) 394-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #