

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N99000005756

1. Entity Name

TABERNACLE OF FAITH, INC.

Principal Place of Business

527 PITT STREET
CLERMONT FL 34712

Mailing Address

PO BOX 120914
CLERMONT FL 34712

2. Principal Place of Business

23344 State Road 19

3. Mailing Address

Suite, Apt. #, etc.

City & State

Howey-In-The Hills, FL

City & State

Zip Country

32737 U.S.

4. FEI Number

59 364 0849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDUFFIE, EMMA DR
527 PITT STREET
CLERMONT FL 34712

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCDUFFIE, JAMES	
STREET ADDRESS	527 PITT STREET	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MCDUFFIE, EMMA DR	
STREET ADDRESS	527 PITT STREET	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARLOW, DELMANETTA	
STREET ADDRESS	PO BOX 120914	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, JAMES	
STREET ADDRESS	527 Pitt street	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, EMMA DR.	
STREET ADDRESS	527 PITT STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or other like empowered.

SIGNATURE: *[Signature]* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2000

Date

(352) 394-6015

Daytime Phone #

FILED

00 SEP 25 PM 4:42

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)