

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006123

1. Entity Name

GRACE TABERNACLE OUTREACH AND FAMILY WORSHIP CEN

Principal Place of Business

Mailing Address

533 TALL TOP DR.
TALLAHASSEE FL 32310

533 TALL TOP DR.
TALLAHASSEE FL 32310-8389

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

59-3626946

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

THURMAN, A. REGINALD
533 TALL TOP DR.
TALLAHASSEE FL 32310

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

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 ☐ Delete

NAME
D
THURMAN, A. REGINALD
STREET ADDRESS
533 TALL TOP DR.
CITY-ST-ZIP
TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D
THURMAN, KAREN A
STREET ADDRESS
533 TALL TOP DR.
CITY-ST-ZIP
TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D
JONES, TAWANNA R
STREET ADDRESS
532 TALL TOP DR.
CITY-ST-ZIP
TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

A. Reginald Thurman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

878-8966
Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90041 032 ****61.25

00040400



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)