2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
HEAVEN BOUND APOSTOLIC TABERNACLE INC

Principal Place of Business	Mailing Address
4479 WEST ROAD WEST PALM BEACH FL. 33407	P.O. BOX 533 LOXAHATCHEE, FL. 33407 -0533

DO NOT WRITE IN THIS SPACE

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 65-0996154 ☐ 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
IRIS C. TAYLOR 17569-81ST LANE NORTH LOXAHATCHEE, FL. 33470	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 Iris Taylor Iris Taylor 4/5/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P IRIS C. TAYLOR 17569-81ST LANE NORTH LOXAHATCHEE, FL. 33470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EUPHEMIA LEE 5875 CARIBBEAN BLVD. WEST PALM BEACH, FL. 33407 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDWARD W. TAYLOR 17569-81ST LANE NORTH LOXAHATCHEE, FL. 33470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATHERINE THOMAS 17607-81ST LANE NORTH LOXAHATCHEE, FL. 33470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENISE GRANT 4252 NORTH W. 9TH. DRIVE PLANTATION, FL. 33317 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EILEEN HAUGHTON 4912 CHERRY ROAD WEST PALM BEACH, FL. 33407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CECILY JOHNSON 201 NORTH CHILLINGWORTH DR. WEST PALM BEACH, FL. 33409 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

CR2E037 (11/00)

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: Iris Taylor Iris Taylor 3/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/16