

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-04-2001 90148 034 \*\*\*\*\*70.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006722

1. Entity Name

FREEDOM CHRISTIAN TABERNACLE, INC.

Principal Place of Business	Mailing Address
1400 E. OAKLAND PARK BLVD. SUITE 108 OAKLAND PARK, FL 33310	1400 E. OAKLAND PARK BLVD. SUITE 108 OAKLAND PARK, FL 33310

2. Principal Place of Business	3. Mailing Address
2880 W. OAKLAND PARK LVD.	2880 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 227	SUITE 227

City & State	City & State
OAKLAND PARK, FL	OAKLAND PARK, FL

Zip	Country	Zip	Country
33311-1350	BROWARD	33311-1350	BROWARD

4. FEI Number	Applied For
65-0931903	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input checked="" type="checkbox"/>	\$8.75

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHELPS, CYNTHIA  
1975 E. SUNRISE BOULEVARD  
SUITE 758  
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name  
KAREN W. UPSHAW  
Street Address (P.O. Box Number is Not Acceptable)  
2880 W. OAKLAND PARK BLVD  
SUITE 227  
City  
OAKLAND PARK FL Zip Code  
33065

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 *Karen W. Upshaw* KAREN W. UPSHAW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	AZVIN, EMAGENE W.	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD., STE. 108	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	UPSHAW, KAREN W.	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD., STE. 108	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	

TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	MCKNIGHT, DONALD	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD., STE. 108	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	

TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	PEARSON, RONALD M.	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD., STE. 108	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	

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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIN, EMOGENE W.	
STREET ADDRESS	2880 W. OAKLAND PARK BLVD., STE. 227	
CITY - ST - ZIP	OAKLAND PARK, FL 33311	

TITLE	ASSISTANT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPSHAW, KAREN W.	
STREET ADDRESS	2880 W. OAKLAND PARK BLVD., STE. 227	
CITY - ST - ZIP	OAKLAND PARK, FL 33311	

TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, DONALD	
STREET ADDRESS	2880 W. OAKLAND PARK BLVD., STE. 227	
CITY - ST - ZIP	OAKLAND PARK, FL 33311	

TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, RONALD M.	
STREET ADDRESS	2880 W. OAKLAND PARK BLVD., STE. 227	
CITY - ST - ZIP	OAKLAND PARK, FL 33311	

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 all other like empowered.

SIGNATURE: *Karen W. Upshaw* KAREN W. UPSHAW, ASSIST. DIRECTOR

Date

Daytime Phone #