

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007634

1. Entity Name

ST. AUGUSTINE TABERNACLE OF PRAYER, INC.

Principal Place of Business

1400 OLD DIXIE HWY STE C
ST AUGUSTINE FL 32084

Mailing Address

44 CROOKSHANK DRIVE
ST AUGUSTINE FL 32095

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

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

MONTGOMERY, WILLIAM A ELDER
44 CROOKSHANK DRIVE
ST AUGUSTINE FL 32095

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 DP
NAME MONTGOMERY, WILLIAM A PASTOR
STREET ADDRESS 44 CROOKSHANK DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME MONTGOMERY, YVETTE R PASTOR
STREET ADDRESS 44 CROOKSHANK DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME FORBES, AOLF K
STREET ADDRESS 709 WEST 5TH STREET
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William A. Montgomery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor William A. MONTGOMERY 742-4444

Date

Daytime Phone #

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-22-2000 90004 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)