

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****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**  
1395 US.1 SOUTH**3. Mailing Address**Suite, Apt. #, etc.  
I

DO NOT WRITE IN THIS SPACE

**City & State**  
ST AUGUSTINE FL**4. FEI Number**  
☒ Applied For  
☒ Not Applicable**Zip**  
32084  
**Country****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 AELDER  
44 CROOKSHANK DRIVE**Name****Street Address (P.O. Box Number is Not Acceptable)**

ST AUGUSTINE FL 32095 US

**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 ELDER WILLIAM A. MONTGOMERY****09/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**  
DS  
FORBES AOLFE K  
709 WEST 5TH STREET  
ST AUGUSTINE FL 32095 ☐ Delete**TITLE**  
**NAME**  
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**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
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44 CROOKSHANK DRIOVE  
ST AUGUSTINE FL 32095 ☐ Delete**TITLE**  
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MONTGOMERY WILLAIM APASTOR  
44 CROOKSHANK DRIOVE  
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**CITY-ST-ZIP**  
☐ 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)(f), 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: ELDER WILLIAM A. MONTGOMERY DP 09/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)