

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2000 90029 008 ****61.25

DOCUMENT # 759073

1. Entity Name

TABERNACLE BAPTIST CHURCH OF LIVE OAK, FLORIDA,

Principal Place of Business

GOLD KIST BLVD
 PO BOX 95
 LIVE OAK FL 32060

Mailing Address

GOLD KIST BLVD
 PO BOX 95
 LIVE OAK FL 32064-0095

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

59-2353096

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSER, GILBERT C.
310 SHELBY AVE.
LIVE OAK, FL
LIVE OAK FL 32060

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 **D** Delete
 NAME **DINKINS, GEORGE**
 STREET ADDRESS **RT. 2, BOX 209B**
 CITY-ST-ZIP **LIVE OAK, FL 00000**

TITLE Change Addition

TITLE **SD** Delete
 NAME **BRINKLEY, LAK**
 STREET ADDRESS **POST OFFICE BOX 456 N/A**
 CITY-ST-ZIP **LIVE OAK, FL 00000**

TITLE Change Addition

TITLE **PD** Delete
 NAME **ROSER, GILBERT C.**
 STREET ADDRESS **310 SHELBY AVE.**
 CITY-ST-ZIP **LIVE OAK, FL 00000**

TITLE Change Addition

TITLE **D** Delete
 NAME **DOWDY, JAMES**
 STREET ADDRESS **RT. 2 BOX 107**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE Change Addition

TITLE **D** Delete
 NAME **LONG, FRANK L.**
 STREET ADDRESS **RT. 7, BOX 4643**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE Change Addition

TITLE Delete

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: Gilbert C Roser **GILBERT C Roser** 4-22-2000 904-362-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)