

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90038 012 ****70.00

DOCUMENT # 766381

1. Entity Name
NEW BIRTH GOSPEL TABERNACLE INC.

Principal Place of Business 225 NORTH SEMINOLE AVENUE INVERNESS FL 34450 US	Mailing Address 225 NORTH SEMINOLE AVENUE INVERNESS FL 34450 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 00-1660019	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ALEXANDER, DOUGLAS 225 NORTH SEMINOLE AVENUE INVERNESS FL 34450	7. Name and Address of New Registered Agent Name John Langley Street Address (P.O. Box Number is Not Acceptable) 225 North Seminole Ave City Inverness FL Zip Code 34450
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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 John Langley DATE 1/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, LARRY 3455 E. JONAH PLACE INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timmons, Cynthia 6262 E. Quincy St. Inverness, Fl 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHESTER, TONI V. 3455 E. JONAH PLACE INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Langley, Tammy 5797 SW 93rd Rd Bushnell, Fl 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDLE, PATRICIA 3264 E KENDEY ST INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chester, Latasha 407 Poppy Ln Inverness, Fl. 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER, LONNIE 3101 E DEAL ST INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chester, Lonnie 3101 East Deal St Inverness, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOE 828 TWIGG ST ROOKSVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, Joe 828 Twigg St Brooksville, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee xadd <input type="checkbox"/> Delete Chester, Toni 3455 E Jonah Place Inverness, Fl 34453	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Charles Michael 14065 S.W. 30th Terr. Rd. Ocala, Fl. 34473

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: *John Langley* DATE 1/22/02 407-321-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)