

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90018 003 \*\*\*150.00

DOCUMENT # NO2-0000000412B

1. Entity Name  
**BRANFORD TABERNACLE, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 1413 P.O. BOX 1413  
 BRANFORD FL 32008 BRANFORD FL 32008

900004829789--0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
P.O. Box 1413 P.O. Box 1413  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
BRANFORD FLA BRANFORD FLA  
 Zip Country Zip Country  
32008 32008

4. FEI Number **59-3503396** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**APPELL, CANDANCE L**  
**26244 HWY. 129**  
**BRANFORD FL 32008**

7. Name and Address of New Registered Agent  
 Name: Candance L Appell  
 Street Address (P.O. Box Number is Not Acceptable) 26244 Hwy 129  
BRANFORD FLA  
 City FL Zip Code 32008

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>APPELL, ALFRED</u> <u>26244 HWY 129</u> <u>BRANFORD FL 32008</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>APPELL, CANDANCE</u> <u>26244 HWY 129</u> <u>BRANFORD FL 32008</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>MADDOX, GAIL</u> <u>PO BOX 493-709 DEMPSEY ST</u> <u>BRANFORD FL 32008</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Methalie C. Hill</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>P.O. Box 191</u> <u>O'Brien, FL 32071</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candance Appell Candance Appell 04-12-2001 904-935-2450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)