

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

0011366

05-12-2001 90030 050 ****61.25

DOCUMENT # N14328

1. Entity Name

TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

**4100 BEVERLY AVE
 P O BOX 9578
 JACKSONVILLE FL 32208**

**4100 BEVERLY AVE
 P O BOX 9578
 JACKSONVILLE FL 32208**

00049301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2711096

Applied For

Not Applicable

Zip

Country

Zip

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

**SEYMORE, LEON B.
 4100 BEVERLY AVENUE
 JACKSONVILLE FL 32208**

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: **PM** Delete
 NAME: **SEYMORE, LEON B.**
 STREET ADDRESS: **6753 KINLOCKE DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32219**

TITLE: **PM** Change Addition
 NAME: **SEYMORE, LEON B**
 STREET ADDRESS: **4100 BEVERLY AVENUE**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32208**

TITLE: **SD** Delete
 NAME: **PEMBERTON, ERNESTINE**
 STREET ADDRESS: **PO BOX 16131**
 CITY-ST-ZIP: **TALLAHASSEE FL 32317-6131**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **ATD** Delete
 NAME: **BENSON, WILLIE A**
 STREET ADDRESS: **6627 KINLOCKE DR**
 CITY-ST-ZIP: **JACKSONVILLE FL 32219**

TITLE: **TD** Change Addition
 NAME: **PINKNEY-BELL, HELEN**
 STREET ADDRESS: **4645 SR 207**
 CITY-ST-ZIP: **EIKTON, FL 32083**

TITLE: **VD** Delete
 NAME: **SEYMORE, VIVIAN J**
 STREET ADDRESS: **6753 KINLOCKE DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32219**

TITLE: **VD** Change Addition
 NAME: **SEYMORE, VIVIAN J**
 STREET ADDRESS: **4100 BEVERLY AVENUE**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32208**

TITLE: **TD** Delete
 NAME: **JOHNSON, FRANCES**
 STREET ADDRESS: **4912 DONCASTER AVE.**
 CITY-ST-ZIP: **JACKSONVILLE FL 32208**

TITLE: **ATD** Change Addition
 NAME: **JOHNSON, FRANCES**
 STREET ADDRESS: **4912 DONCASTER AVE**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32208**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon B. Seymore 4/26/01 904 765 4123

Date

Daytime Phone #

CR2E037 (10/00)