

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14328

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.

Current Principal Place of Business:

4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-2711096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: SEYMORE, LEON B.
Address: 4100 BEVERLY AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: PEMBERTON, ERNESTINE,
Address: PO BOX 16131
City-St-Zip: TALLAHASSEE, FL 323176131

Title: ATD () Delete
Name: BENSON, WILLIE A,
Address: 6627 KINLOCKE DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: VD () Delete
Name: SEYMORE, VIVIAN J
Address: 4100 BEVERLY AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: ATD () Delete
Name: JOHNSON, FRANCES
Address: 4912 DONCASTER AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: PINKNEY-BELL, HELEN
Address: 4645 SR 207
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN PINKNEY-BELL

TD

05/02/2002

Electronic Signature of Signing Officer or Director

_____ Date