

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14328

FILED  
May 04, 2003  
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: SD (X) Change ( ) Addition  
Name: PEMBERTON, ERNESTINE  
Address: PO BOX 16131  
City-St-Zip: TALLAHASSEE, FL 323176131

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

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

05/04/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date