

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90104 026 ****61.25

DOCUMENT # N26892

1. Entity Name
TABERNACLE BAPTIST CHURCH INC.

Principal Place of Business
**TABERNACLE BAPTIST
 PALATKA FL 32177
 US**

Mailing Address
**2701 REID STREET
 PALATKA FL 32177
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TABERNACLE BAPTIST
 Suite, Apt. #, etc.

3. Mailing Address
2701 REID STREET
 Suite, Apt. #, etc.

City & State
PALATKA, FLORIDA

City & State
PALATKA, FLORIDA

Zip
32177

Country
USA

Zip
32177

Country
USA

4. FEI Number
59-1519538

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JOHN M. MEEKS
 2701 REID STREET
 PALATKA FL 32177**

7. Name and Address of New Registered Agent
 Name
JOHN M. MEEKS
 Street Address (P.O. Box Number is Not Acceptable)
2701 REID STREET
PALATKA,
 City
FL Zip Code
32177

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 M. Meeks* **JOHN M. MEEKS** **AUGUST 1, 2000**
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
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEEKS, JOHN M STAR RT 2, BOX 32 SATSUMA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASSITER, WAYNE R 2105 KIRBY ST PALATKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CODY, FAYE RT 3, BOX 219 EAST PALATKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASSITER, LARRY PO BOX 661 PALATKA FL 32178-0661	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTER, WAYNE RT 3 BOX 2492 PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 800 SAN MATEO ROAD SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 520 OLD SAN MATEO ROAD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 350 EAST PENIEL ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 M. Meeks* **JOHN M. MEEKS** **AUGUST 1, 2000** **904-325-5421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)