

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2001 90027 023 ****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**

2. Principal Place of Business

TABERNACLE BAPTIST
 Suite, Apt. #, etc.

3. Mailing Address

2701 REID STREET
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALATKA, FLORIDA

City & State
PALATKA, FLORIDA

4. FEI Number
59-1519538

Applied For
 Not Applicable

Zip Country
32177 USA

Zip Country
32177 USA

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

**JOHN M. MEEKS
 2701 REID STREET
 PALATKA FL 32177**

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**)

MARCH 16, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	CD MEEKS, JOHN M 800 SAN MATEO RD SATSUMA FL 32189	<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 520 OLD SAN MATEO RD EAST PALATKA FL 32131	<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 350 EAST PENIEL ROAD PALATKA FL 32177	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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**) **MARCH 16, 2001 386-325-5421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)