

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90040 025 ****61.25

DOCUMENT # N26892

1. Entity Name

TABERNALE BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

**TABERNALE BAPTIST
 PALATKA FL 32177
 US**

**2701 REID STREET
 PALATKA FL 32177
 US**

2. Principal Place of Business

3. Mailing Address

TABERNALE BAPTIST CHURCH 2701 REID STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALATKA, FLORIDA

PALATKA, FLORIDA

4. FEI Number

59-1519538

Applied For

Not Applicable

Zip

Country

Zip

Country

32177

PUTNAM

32177

PUTNAM

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, FLORIDA

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) FEBRUARY 13, 2002

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	CD	<input type="checkbox"/> Delete
NAME	MEEKS, JOHN M	
STREET ADDRESS	800 SAN MATEO RD	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	T	<input type="checkbox"/> Delete
NAME	LASSITER, WAYNE R	
STREET ADDRESS	2105 KIRBY ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CODY, FAYE	
STREET ADDRESS	520 OLD SAN MATEO RD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	T	<input type="checkbox"/> Delete
NAME	LASSITER, LARRY	
STREET ADDRESS	PO BOX 661	
CITY-ST-ZIP	PALATKA FL 32178-0661	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUNTER, WAYNE	
STREET ADDRESS	350 EAST PENIEL ROAD	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(ADDRESS CHANGE)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODY, FAYE	
STREET ADDRESS	520 OLD SAN MATEO ROAD	
CITY-ST-ZIP	SAN MATEO, FL 32187-2222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John M. Meeks* (JOHN M. MEEKS) FEBRUARY 13, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-325-5421

CR2E037 (9/01)