

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM J:07

DOCUMENT # **N48620** (1)

1. Corporation Name

**TABERNACLE AFRICAN UNIVERSAL CHURCH, INC.**

Principal Place of Business Mailing Address  
**2309 WEST FOURTH STREET JACKSONVILLE FL 32205**  
**3515 OLD KINGS ROAD JACKSONVILLE FL 32254 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **59-3091878** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 3531 Old Kings Road 26 P.O. Box 40332**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23 Jacksonville, FL 28 Jacksonville, FL**  
Zip Country Zip Country  
**24 32254 25 Duval 29 32202 30 USA**

5. Certificate of Status Desired  **\$9.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAIS, MARSHALL D.**  
**163 EAST BAY STREET TREET**  
**SUITE 620**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
**81 Name Davis, Marshall D.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 233 EAST BAY Street**  
**83 Suite 620**  
**84 City Jacksonville FL 85 Zip Code 32202**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KEYES, KUBINI V.</b>
STREET ADDRESS	<b>2939 WEST FOURTH ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>KEYES, PAULINE</b>
STREET ADDRESS	<b>4651 FREDERICKSBURG AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>SWAN, DOROTHY</b>
STREET ADDRESS	<b>1877 W. 7TH ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kubini V. Keyes **Kubini V. Keyes** 4/27/95 904-354-0608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Full)