

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 039 ****61.25

DOCUMENT # N48868

1. Entity Name

THE TABERNACLE OF THE HIGHER POWER, INC.

Principal Place of Business

**901 SOUTH DELANEY AVE
 AVON PARK FL 33825
 US**

Mailing Address

**P.O. BOX 3300
 LAKE PLACID FL 33852
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3124651

Applied For

Not Applicable

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

**RANDOLPH, NATHANIEL
 603 WILSON AVE NE
 LAKE PLACID FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	RANDOLPH, NATHANIEL	603 WILSON AVENUE N E	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	RANDOLPH, ANGELA	603 WILSON AVENUE N E	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CARPENTER, MARY JEAN	J-08 STAFFORD DR	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	NEAL, SOPHIA J	603 WILSON AVE N	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/02** Daytime Phone #: **(863)-465-9197**