2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an andress, with all other like empowered.

SIGNATURE:

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Aug 14, 2001 8:00 am Secretary of State DOCUMENT # N9800007121 1. Entity Name 08-14-2001 90009 040 ****62.50 TABERNACLE OF THE MOST HIGH INC. Principal Place of Business Mailing Address 8900 LANDINGS DRIVE #208 6900 LANDINGS DRIVE #208 LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0881135 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURCH, STEPHANIE 1555 MARTIN LUTHER KING BLVD RIVIERA BEACH FL 33404 City Queder hill 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAUL, EMANUEL STREET ADDRESS 4126 INVERRARY BLVD, UNIT 2810 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 **OTV** TITLE Delete Change ☐ Addition PAUL, DEBORAH NAME NAME STREET ADDRESS 4126 INVERRARY BLVD, UNIT 2810 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-LAUDERHILL FL 33319 TITLE □ Delete ☐ Addition CHARLTON, SHANESHIA NAME NAME STREET ADDRESS 505 W EVANSTON CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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