

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90117 034 \*\*\*\*70.00

UBR 0303

**DOCUMENT # N98000007231**



1. Entity Name  
**TABERNACLE OUTREACH MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
**1316 TEMPLE CIRCLE      1316 TEMPLE CIRCLE**  
**HAINES CITY FL 33844      HAINES CITY FL 33844**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **NOT APPLICABLE**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

**BERRY, MOSES L**  
**860 SOUTH LAKE SHORE WAY**  
**LAKE ALFRED FL 33850**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BERRY, MOSES L</b>	
STREET ADDRESS	<b>860 SOUTH LAKE SHORE WAY</b>	
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>BERRY, VERONICA C</b>	
STREET ADDRESS	<b>860 SOUTH LAKE SHORE WAY</b>	
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BERRY, RUBY M</b>	
STREET ADDRESS	<b>2409 PRYOR AVENUE</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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)(l), 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: *MOSES L BERRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *April 29, 2003*      Daytime Phone #: *863-956-2363*

CR2E037 (10/02)