


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714436**

1. Entity Name  
**TABERNACLE BAPTIST CHURCH OF LAKE CITY, INCORPORATED**



Principal Place of Business 121 S. MONTROSE AVE LAKE CITY, FL 32025 US	Mailing Address PO BOX 450 BRANFORD, FL 32008 US
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1414975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, MIKE REV.  
 121 S MONTROSE AVE.  
 LAKE CITY, FL 32025

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000054375  
 02/16/04-80167-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, MIKE REV. RT 15 BOX 4446 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHBURN, FRANK RT 6 BOX 43405 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, JIMMY RT 3 BOX 40K LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Jimmy Albritton  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-11-04 Daytime Phone #: 904-259-2152

JIMMY ALBRITTON