

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90094 008 \*\*\*\*61.25

**DOCUMENT # 714436**

1. Entity Name

**TABERNACLE BAPTIST CHURCH OF LAKE CITY,  
INCORPORATED**



Principal Place of Business

**144 SE  
121 S. MONTROSE AVE  
LAKE CITY FL 32025  
US**

Mailing Address

**PO BOX 450  
BRANFORD FL 32008  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1414975**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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  
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORMAN, MIKE REV.	
STREET ADDRESS	RT 15 BOX 4446	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARSHBURN, FRANK	
STREET ADDRESS	RT 6 BOX 43405	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALBRITTON, JIMMY	
STREET ADDRESS	RT 3 BOX 40K	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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)(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 **STD** **3-7-05** **904-259-2152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #