
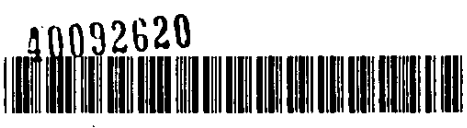


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90829 007 ****70.00


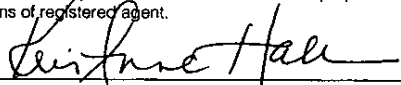
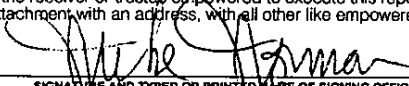
DOCUMENT # 714436					
1. Entity Name TABERNAACLE BAPTIST CHURCH OF LAKE CITY, INCORPORATED					
Principal Place of Business 144 SE MONTROSE AVE LAKE CITY, FL 32025 US		Mailing Address 144 SE MONTROSE AVE LAKE CITY, FL 32025 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORMAN, MIKE REV. 144 SE MONTROSE AVE LAKE CITY, FL 32025			Name <u>Kris Anne Hall, Esa</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>144 SE MONTROSE AVE</u>		
			City <u>LAKE CITY</u>		FL Zip Code <u>32025</u>
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 <u><i>Kris Anne Hall</i></u>			DATE <u>3-27-07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, MIKE REV.		NAME	ROBERT M. RUCKER	
STREET ADDRESS	565 SW KICKLIGHTER TERR		STREET ADDRESS	1781 SE OCTOBER RD	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHBURN, FRANK		NAME	CLAY FAGLIE	
STREET ADDRESS	509 SE PASTURE WAY		STREET ADDRESS	798 SW CUMORAH HILL ST.	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, JIMMY		NAME		
STREET ADDRESS	14378 NW 107TH TRL		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <u><i>Mike Norman</i></u>		Mike Norman		Date <u>4-1-07</u> Daytime Phone # <u>386 752 4274</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40092620

DOCUMENT # 714436 1. Entity Name TABERNALE BAPTIST CHURCH OF LAKE CITY, INCORPORATED					
Principal Place of Business 144 SE MONTROSE AVE LAKE CITY, FL 32025 US		Mailing Address 144 SE MONTROSE AVE LAKE CITY, FL 32025 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORMAN, MIKE REV. 144 SE MONTROSE AVE LAKE CITY, FL 32025				Name Kris Anne Hall, Esq Street Address (P.O. Box Number is Not Acceptable) 144 SE MONTROSE AVE City LAKE CITY FL Zip Code 32025	
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 3-27-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, MIKE REV.		NAME	ROBERT M. RUCKER	
STREET ADDRESS	565 SW KICKLIGHTER TERR		STREET ADDRESS	1781 SE OCTOBER RD	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHBURN, FRANK		NAME	CLAY FAGLIE	
STREET ADDRESS	509 SE PASTURE WAY		STREET ADDRESS	798 SW CUMORAH HILL ST.	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, JIMMY		NAME		
STREET ADDRESS	14378 NW 107TH TRL		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: 			Date 4-1-07		Daytime Phone # 386 752 4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #