

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 714436

1. Entry Name
TABERNACLE 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
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

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

HALL, KRIS A ESQ
 144 SE MONTROSE AVE
 LAKE CITY, FL 32025

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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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, MIKE REV. 565 SW KICKLIGHTER TERR LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHBURN, FRANK 509 SE PASTURE WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, JIMMY 14378 NW 107TH TRL LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCKER, ROBERT M 1781 SE OCTOBER RD LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGLIE, CLAY 798 SW CUMORAH HILL ST FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/08-80004-025 70.00

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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: *Jimmy Albritton* **JIMMY ALBRITTON** **1-6-08** **386-496-2352**

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