

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714436

**Entity Name:** TABERNACLE BAPTIST CHURCH OF LAKE CITY,  
INCORPORATED

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC8560590704**

**Current Principal Place of Business:**

144 SE MONTROSE AVE  
LAKE CITY, FL 32025

**Current Mailing Address:**

144 SE MONTROSE AVE  
LAKE CITY, FL 32025 US

**FEI Number: 59-1414975**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NORMAN, MICHAEL REVEREN  
565 SW KICKLIGHTER TERR  
LAKE CITY, FL 32024 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NORMAN, MIKE REV.  
Address 565 SW KICKLIGHTER TERR  
City-State-Zip: LAKE CITY FL 32024

Title STD  
Name ALBRITTON, JIMMY  
Address 14378 NW 107TH TRL  
City-State-Zip: LAKE BUTLER FL 32054

Title D  
Name RUCKER, ROBERT M  
Address 1781 SE OCTOBER RD  
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR  
Name MCKENNEY, STEVEN  
Address 289 NW GILBERT AVE  
City-State-Zip: LAKE CITY FL 32055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIKE NORMAN**

**PRESIDENT**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date