

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90033 014 ****61.25

DOCUMENT # N01000002907

1. Entity Name
TABERNALE BAPTIST ACADEMY, INC.

Principal Place of Business Mailing Address
121 SO MONTROSE AVE **121 SO MONTROSE AVE**
LAKE CITY FL 32025 **LAKE CITY FL 32025**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. BOX 450**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
BRANFORD, FL **BRANFORD, FL** **59-3716650** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
32008 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NORMAN, MICHAEL
RT 15 BOX 4446
LAKE CITY FL 32024

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	NORMAN, RICKIE
STREET ADDRESS	RT 15 BOX 4446
CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	D <input type="checkbox"/> Delete
NAME	RUCKER, AMANADA
STREET ADDRESS	RT 3 BOX 228
CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	D <input type="checkbox"/> Delete
NAME	HARS, JANIE
STREET ADDRESS	121 SO MONTROSE AVE
CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Michael Norman* **Michael Norman Pastor 1-24-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)