


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

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0100002907**  
 1. Entity Name  
**TABERNACLE BAPTIST ACADEMY, INC.**



Principal Place of Business  Mailing Address   
**121 SO MONTROSE AVE** **PO BOX 450**  
**LAKE CITY FL 32025** **BRANFORD FL 32008**



1st MOORE CR2E037 (10/04)

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 **59-3716650** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>NORMAN, RICKIE</b>
STREET ADDRESS	<b>RT 15 BOX 4446</b>
CITY - ST - ZIP	<b>LAKE CITY FL 32024</b>
TITLE <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>HALL, JAMES C</b>
STREET ADDRESS	<b>8227 25TH DR</b>
CITY - ST - ZIP	<b>WELLBORN FL 32094</b>
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)(f), 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: *Rickie Norman*

3-4-05