

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N26892** (2)

1. Corporation Name  
**TABERNAACLE BAPTIST CHURCH INC.**



Principal Place of Business Mailing Address  
**TABERNAACLE BAPTIST PALATKA FL 32177 US** **2701 REID ST PALATKA FL 32177 US**

3. Date Incorporated or Qualified **06/10/1988** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **Tabernacle Baptist** 26 **2701 Reid Street**

4. FEI Number **59-1519538** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 **Palatka, FL** 28 **Palatka, FL**

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

Zip Country Zip Country  
24 **32177** 25 **USA** 29 **32177** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MEEKS, JOHN M  
2701 REID ST  
PALATKA FL 32177**

10. Name and Address of New Registered Agent  
81 Name **John M. Meeks**  
82 Street Address (P.O. Box Number is Not Acceptable) **2701 Reid Street**  
83 **Palatka, FL 32177**  
84 City **Palatka,** 85 Zip Code **FL 32177**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John M. Meeks* **January 23, 1996**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEEKS, JOHN M</b>	1.2 NAME	
STREET ADDRESS	<b>STAR RT 2, BOX 32</b>	1.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>SATSUMA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASSITER, WAYNE R</b>	2.2 NAME	
STREET ADDRESS	<b>2105 KIRBY ST</b>	2.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>PALATKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODY, FAYE</b>	3.2 NAME	
STREET ADDRESS	<b>RT 3, BOX 219</b>	3.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>EAST PALATKA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JAMES (DICK)</b>	4.2 NAME	
STREET ADDRESS	<b>1117 RIVER ST</b>	4.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>PALATKA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TURBEVILLE, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>7300 CRILL AVE LOT 54</b>	5.3 STREET ADDRESS	<b>← Edward E. Simmons</b>
CITY-ST-ZIP	<b>PALATKA FL</b>	5.4 CITY-ST-ZIP	<b>615 North Pine St.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Palatka, FL 32177</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *John M. Meeks* **January 23, 1996** **904-325-5421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)