

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005111

FILED
Mar 24, 2012
Secretary of State

Entity Name: NEW IMAGE TABERNACLE, INCORPORATED

Current Principal Place of Business:

4630 PALM BEACH BOULEVARD
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50178
FT MYERS, FL 33994

New Mailing Address:

FEI Number: 74-3054377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOCKTON, ALAN B
2595 62ND AVENUE, SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: O
Name: WILKINS, BOBBIE
Address: 1432 BERT DRIVE
City-St-Zip: FORT MYERS, FL 33916 US

Title: D
Name: STOCKTON, MARY L
Address: 2595 62ND AVENUE, SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: O
Name: WILLIAMS, TAKEESHA
Address: 1201 ALCAZAR WAY S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: D
Name: PEARSON, LINDA
Address: 10381 CREEKEDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: O
Name: ATMORE, BARBARA
Address: 9968 COLONIAL WALKS
City-St-Zip: ESTERO, FL 33928 US

Title: O
Name: WILLIAMS, BEVERLY
Address: 3850 CENTRAL AVENUE, #303
City-St-Zip: FT MYERS, FL 33901 US

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: MARY L. STOCKTON

D

03/24/2012

Electronic Signature of Signing Officer or Director

Date