

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N02000005111

**Jun 26, 2020**

**Entity Name:** NEW IMAGE TABERNACLE, INCORPORATED

**Secretary of State**

**1395042873CC**

**Current Principal Place of Business:**

81 PONDELLA ROAD  
NORTH FT MYERS, FL 33903

**Current Mailing Address:**

P.O. BOX 50178  
FT MYERS, FL 33994 US

**FEI Number: 74-3054377**

**Certificate of Status Desired: Yes**

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

STOCKTON, ALAN B  
2595 62ND AVENUE, SOUTH  
ST. PETERSBURG, FL 33712 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 D  
Name STOCKTON, MARY L  
Address 2595 62ND AVENUE, SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title O  
Name WILLIAMS, TAKEESHA  
Address 373 26TH AVENUE, SE  
City-State-Zip: ST PETERSBURG FL 33705

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

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

Title OFFICER  
Name LUCKEY, TROY  
Address 733 NW RIVERSIDE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title D  
Name BRANICK, SHARON  
Address 245 OAKLYN HILLS DR IAVE  
City-State-Zip: CHELSEA AL 35043

Title D  
Name PEARSON, MILBURN  
Address 4875 PELICAN COLONY BLVD  
APT 801  
City-State-Zip: BONITA SPRINGS FL 34134

Title D  
Name WILKINS, BOBBIE  
Address 1432 BART DRIVE  
City-State-Zip: FORT MYERS FL 33916

**Continues on page 2**

*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 STOCKTON**

**OFFICER**

**06/26/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TR  
Name GREEN, JENNIFER  
Address 1247 BOSWELL STREET  
City-State-Zip: NORTH PORT FL 34288

Title TR  
Name SIMPSON, BRENDA  
Address 20542 ALBURY DR  
City-State-Zip: PORT CHARLOTTE FL 33952