# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2009**
**Secretary of State**

DOCUMENT# N02000005111

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

**Current Principal Place of Business:**

5000 ORANGE GROVE BOULEVARD
N. FT MYERS, FL 33903

**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
11 KINGSMAN CIR
FT MYERS, FL 33905 US

**Name and Address of New 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: ALAN B. STOCKTON 04/17/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

Title: O ( ) Delete
Name: WILLIAMS, NADINE
Address: 2073 CAPE HEATHER CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY L. STOCKTON DIR 04/17/2009
Electronic Signature of Signing Officer or Director Date