


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008960

1. Entity Name
NEW TABERNACLE BAPTIST CHURCH NO. 2, INC.



Principal Place of Business 150 E JOHNSON AVE PENSACOLA, FL 32514	Mailing Address 150 E JOHNSON AVE PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3094200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKMAN, DAVID
424 RONDA ST
PENSACOLA, FL 32534

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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 _____

Filing Fee is \$81.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACKMAN, DAVID 424 RONDA ST PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BALL, CHARLENE 8561 VICKIE ST PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAYMON, MAY C 109 STATE ST PENSACOLA, FL 32505
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: David Blackman David Blackman April 6 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #