


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED 41.25  
Jan 13, 2006 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

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3094200

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BLACKMAN, DAVID  
424 RONDA ST  
PENSACOLA, FL 32534

**DO NOT WRITE  
IN THIS SPACE**

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 \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACKMAN, DAVID
STREET ADDRESS	424 RONDA ST
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	SD
NAME	BALL, CHARLENE
STREET ADDRESS	8561 VICKIE ST
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	TD
NAME	HAYMON, MAY C
STREET ADDRESS	109 STATE ST
CITY - ST - ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000385157  
01/18/06-80005-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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 January 8, 2006/850-494-9680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #