


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 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



01082007 No Chg-NP CR2E037 (4/06)

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

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 8581 VICKIE ST PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAYMON, MAY C 109 STATE ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000593146
 01/22/07-80018-021 61.25

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 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 January 14, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #