


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90053 025 \*\*\*\*61.25

**DOCUMENT # N02000008960**  
 1. Entity Name  
 NEW TABERNAACLE BAPTIST CHURCH NO. 2, INC.



Principal Place of Business      Mailing Address  
 150 E JOHNSON AVE                      150 E JOHNSON AVE  
 PENSACOLA, FL 32514                      PENSACOLA, FL 32514

40031452



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.    Suite, Apt. #, etc.

02122008    Chg-NP                      CR2E037 (12/06)

City & State    City & State  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
 59-3094200                      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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    FL      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to - Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKMAN, DAVID	
STREET ADDRESS	424 RONDA ST	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALL, CHARLENE	
STREET ADDRESS	8561 VICKIE ST	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYMON, MAY C	
STREET ADDRESS	109 STATE ST	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 David Blackman      850-11949600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date 02/19/2008      Daytime Phone #