

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

97 OCT 29 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001898 (3)

1. Corporation Name

NEW TABERBACLE CHURCH, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 4933  
FT. WALTON BEACH FL 32549-4933

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FT. WALTON BEACH FL 32549-4933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1996

3a. Date of Last Report

04-03-96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

593-13-2834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, LEONARD  
31 HARBESON AVENUE, N.E.  
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

SEPT 10, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

CHAIRMAN  
LEONARD WILLIAMS  
31 HARBESON AVE NE  
FT. WALTON BCH, FL 32548

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SECRETARY  
1.3 STREET ADDRESS MARY A. WILLIAMS  
1.4 CITY-ST-ZIP 31 HARBESON AVE NE FWB 32548

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 600002335416-4  
2.3 STREET ADDRESS -10/31/97--01091--001  
2.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR  
3.3 STREET ADDRESS ALEX GOODWIN  
3.4 CITY-ST-ZIP 79 SCHOONER LN SHALIMAR, FL 32579

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DIRECTOR  
4.3 STREET ADDRESS OLLIE GOODWIN  
4.4 CITY-ST-ZIP 79 SCHOONER LN, SHALIMAR, FL 32579

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DIRECTOR  
5.3 STREET ADDRESS DEBORAH GORDON  
5.4 CITY-ST-ZIP 106 HUMMINGBIRD AV  
FT. WALTON BCH, FL 32548

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)