

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005111

Entity Name: NEW IMAGE TABERNACLE, INCORPORATED**Current Principal Place of Business:**81 PONDELLA ROAD
NORTH FT MYERS, FL 33903**Current Mailing Address:**81 PONDELLA ROAD
NORTH FT MYERS, FL 33903 US**FEI Number:** 74-3054377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STOCKTON, ALAN B
2595 62ND AVENUE, SOUTH
ST. PETERSBURG, FL 33712 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STOCKTON, MARY L
Address 2595 62ND AVENUE, SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

Title D
Name PEARSON, LINDA
Address 10381 CREEKEEDGE COURT
City-State-Zip: BONITA SPRINGS FL 34135

Title OFFICER
Name LUCKEY, TROY
Address 733 NW RIVERSIDE DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34983

Title D
Name PEARSON, MILBURN
Address 4875 PELICAN COLONY BLVD
APT 801
City-State-Zip: BONITA SPRINGS FL 34134

Title O
Name WILLIAMS, TAKEESHA
Address 373 26TH AVENUE, SE
City-State-Zip: ST PETERSBURG FL 33705

Title O
Name WILLIAMS, BEVERLY
Address 3850 CENTRAL AVENUE, #303
City-State-Zip: FT MYERS FL 33901

Title D
Name BRANICK, SHARON
Address 245 OAKLYN HILLS DR IAVE
City-State-Zip: CHELSEA AL 35043

Title D
Name WILKINS, BOBBIE
Address 1432 BART DRIVE
City-State-Zip: FORT MYERS FL 33916

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY L. STOCKTON**DIRECTOR****04/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TR
Name GREEN, JENNIFER
Address 1247 BOSWELL STREET
City-State-Zip: NORTH PORT FL 34288

Title OFFICER
Name PERKINS, APRIL
Address 15007 IONA LAKES DRIVE
City-State-Zip: FORT MYERS FL 33908

Title TR
Name SIMPSON, BRENDA
Address 20542 ALBURY DR
City-State-Zip: PORT CHARLOTTE FL 33952