

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **759156** (3)

1. Corporation Name
NEW LIFE ASSEMBLY TABERNACLE, INC.



Principal Place of Business: 7326 NATE CIRCLE JACKSONVILLE FL 32210
Mailing Address: 7326 NATE CIRCLE JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 02/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2364122	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, NATHANIEL 7326 NATE CIRCLE JACKSONVILLE FL 32210		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11	TITLE
NAME	ROBERTS, NATHANIEL	12	NAME
STREET ADDRESS	7326 NATE CIRCLE	13	STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	14	CITY-ST-ZIP
TITLE	TD	21	TITLE
NAME	ROBERTS, JOSEPHINE	22	NAME
STREET ADDRESS	7326 NATE CIRCLE	23	STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	24	CITY-ST-ZIP
TITLE	SD	31	TITLE
NAME	STEVENSON, EARLENE R.	32	NAME
STREET ADDRESS	7238 NATE CIRCLE	33	STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	34	CITY-ST-ZIP
TITLE		41	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY-ST-ZIP		44	CITY-ST-ZIP
TITLE		51	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY-ST-ZIP		54	CITY-ST-ZIP
TITLE		61	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY-ST-ZIP		64	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nathaniel Roberts Date: March 11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 7811745

CR2E037 (12/95)