## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 759156**

1. Corporation Name

NEW LIFE ASSEMBLY TABERNACLE, INC.

## FILED Apr 16, 1999 8:00 am § Secretary of State

04-16-1999 90095 024 \*\*\*\*61.25

| Principal Place of Business                                    |                            | Mailing Address  |              |        |                    |   |                    |                  |                       |          |
|--|----------------------------|--|--------------|--------|--------------------|---|--------------------|------------------|-----------------------|----------|
| 7326 NATE CIRCLE<br>JACKSONVILLE FL 32210                      |                            | 7326 NATE CIRCLE<br>JACKSONVILLE FL 32210  |              |        |                    |   |                    |                  |                       |          |
|  |                            |  |              |        |                    |   | B Rein Onder Ordin | i Alexii ahan di | 4() 6)0)1 (80)        |          |
|  |                            |  |              |        |                    |   |                    |                  |                       |          |
| 2. Principal Place of Business                                 |                            | 2a. Mailing Address  |              |        |                    | Date Incorporated or Qualifed             |                    |                  |                       |          |
| 21   |                            | 26   |              |        |                    | 07/13/1981                                |                    |                  |                       | 1        |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |              |        |                    | 4. FEI Number                             |                    | Applied For      |                       |          |
| 22   |                            | 27   |              |        |                    | 59-2364122                                |                    |                  | t Applicable          | 1        |
| City & State   |                            | City & State   |              |        |                    | 5. Certifcate of Status Desired           |                    |                  | Additional<br>aquired |          |
| Zi) Country  |                            | Zip Country  |              |        | <del>.</del>       | 6. Election Campaign Financing            |                    | \$5.00           | May Be                |          |
| 24 25  | ·                          | 29 30  |              |        |                    | Trust Fund Contribution                   |                    |                  | to Fees               |          |
|  | Address of Current Reg     |  |              |        |                    | 10. Name and Address of New F             | legistered A       | gent             |                       |          |
|  |                            |  | _            | 81     | Name               |   |                    |                  |                       |          |
| ROBERTS, NATHANIEL   |                            | 8  |              |        | Street Addre       | dress (P.O. Box Number is Not Acceptable) |                    |                  |                       |          |
| 7326 NATE CIRCLE   |                            |  |              |        |                    |   |                    |                  |                       | -        |
| JACKSONVILLE FL 32210  |                            |  |              | 83     |                    |   |                    |                  |                       | ]        |
|  |                            |  |              | 84     | City               |   | FL                 | 85 Zip           | Code                  |          |
| 11 Purcurant to the provisions                                 | of Sections 617 0502 and   | 617 1508 Florida Statut  | tes the a    | bove   | -named corpo       | ration submits this statement for the     | numose of o        | hanging its      | registered            | 1        |
| office or registered agent, o<br>agent. I am familiar with, ar | r both in the State of Flo | onda. Such change was a  | utnonzed     | ו עם נ | he corporation     | n's board of directors. I hereby accep    | t the appoin       | tment as re      | gistered              |          |
|  |                            | The second secon | maa otat     | uico.  |                    |   |                    |                  |                       |          |
| SIGNATURE Algorithm or print                                   | ed name of registered a    | wole. (NOTE  | : Registered | Agent  | aignature required |   | DATE               |                  |                       | 9        |
| 12.  | OFFICERS AND DIF           |  | 13.          |        |                    | ADDITIONS/CHANGES TO OF                   | FICERS AND         |                  |                       | 1 5      |
| TITLE PD   |                            | ☐ DELETE   | 1,1 Π        | ΠE     |                    |   |                    | Change           | ☐ Addition            | 3        |
| NAME ROBERTS, NA   | THANIEL                    |  | 1.2 N        | ME     |                    |   |                    |                  |                       | 2        |
| STREET ADDRESS 7326 NATE CI                                    |                            |  | 1.3 STF      |        | ADDRESS            |   |                    |                  |                       | 1        |
| CITY-ST-ZIP JACKSONVILL  | E FL                       |  |              | TY-ST  | -ZIP               |   |                    |                  |                       | ļģ       |
| TILE TD  |                            | □ DELETE   | 2.1 TI       | ΠE     |                    |   |                    | Change           | Addition              | Ι`       |
| NAME ROBERTS, JO   | Sephine                    |  | 2.2 N        |        |                    |   |                    |                  |                       |          |
| STREET ADDRESS 7326 NATE CIRCLE                                |                            |  | 2.3 ST       |        | ADDRESS            |   |                    |                  |                       | <u> </u> |
| CITY-ST-ZIP JACKSONVILL  | <u> </u>                   |  | 2.40         | ITY-S  | -ZIP               |   |                    |                  |                       | 1        |
| TITLE SD   |                            | ☐ DELETE   | 3.1 TI       | ΠE     |                    |   |                    | Change           | Addition              | l        |
| NAME STEVENSON,  | earlene R.                 | N. Jak   | 3.2 N        | AME    |                    |   |                    |                  |                       |          |
| STREET ADDRESS 7236 NATE CIRCLE                                |                            | 3.3 \$   |              | TREET  | ADDRESS            |   |                    |                  |                       |          |
| CITY-ST-ZIP JACKSONVILL  |                            |  | 3.4. C       | ΠY-S   | T-ZIP              |   |                    |                  |                       | 1        |
| TITLE  |                            | ☐ DELETE   | 4.1 TI       | TLE    |                    |   |                    | Change           | ☐ Addition            |          |
| NAME   |                            |  | 4.21         | AME    |                    |   |                    |                  |                       |          |
| STREET ADDRESS   |                            |  | 4.3 S        | TREET  | ADDRESS            |   |                    |                  |                       |          |
| CITY-ST-ZIP  |                            |  | 4.4 C        | TY-ST  | -ZIP               |   |                    |                  |                       |          |
| TITLE  |                            | ☐ DELETÉ   | 5.1 π        | TLE    |                    |   |                    | ☐ Change         | Addition              | 1        |
| NAME   |                            |  | 5.2 N        | AME    | 1                  |   |                    |                  |                       | 1        |
| STREET ADDRESS   |                            |  | 5.3 S        | REET   | ADORESS            |   |                    |                  |                       |          |
| CITY-ST-ZIP  | •                          |  | 5.4 C        | TY-ST  | -ZIP               |   |                    |                  |                       |          |
| ппь  |                            | ☐ DELETE   | 6.1 ∏        | TLE    |                    |   |                    | ☐ Change         | Addition              |          |
| NAME   |                            |  | 6.2 N        | AME.   |                    |   |                    |                  |                       |          |
| STREET ADDRESS   |                            |  | 6.3 S        | REET   | ADDRESS            |   |                    |                  |                       |          |
|  |                            |  |              |        | r-ZIP              |   |                    |                  |                       | 1        |

14. I 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, with all other like empowered.