

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759156

FILED
Mar 07, 2009
Secretary of State

Entity Name: NEW LIFE ASSEMBLY TABERNACLE, INC.

Current Principal Place of Business:

7109 RICHARDSON ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

7326 NATE CIRCLE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-2364122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEVENSON, EARLENE
7232 NATE CIRCLE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENSON, EARLENE R
Address: 7326 NATE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: ROBERTS, JOSEPHINE,
Address: 7326 NATE CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: WILLIAMS, MABEL
Address: 5701 AVE B
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: SNEED JR, SAMUEL
Address: 380 CLARKSBUFF ROAD
City-St-Zip: KINGSLAND, GA 31548

Title: SD () Delete
Name: SMITH, PHYLLIS W
Address: 10537 WELLINGTON SPRINGS WAY
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENSON, EARLENE R
Address: 7326 NATE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TAYLOR, MILDRED
Address: 1018 EAST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EARLENE R. STEVENSON

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date