

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759156

**FILED**  
**Mar 24, 2010**  
**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:**

7109 RICHARDSON ROAD  
JACKSONVILLE, FL 32209

**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  
Name: STEVENSON, EARLENE R  
Address: 7326 NATE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

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

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:** PHYLLIS W SMITH

SD

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date