

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02634 (6)**  
1. Corporation Name  
**LIFE TABERNACLE INC.**



Principal Place of Business <b>4744 W ANITA BLVD. TAMPA FL 33611 US</b>	Mailing Address <b>P.O. BOX 18002 TAMPA FL 33679 US</b>
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3. Date Incorporated or Qualified <b>04/19/1984</b>	Applied For
4. FEI Number <b>59-2514646</b>	Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**GOUDY, MICHAEL D.  
11965 MINNEOLA DR.  
NEW PORT RICHEY FL 34654**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>STANTON, REV. JOHN</b> STREET ADDRESS <b>4744 W. ANITA BLVD.</b> CITY-ST-ZIP <b>TAMPA FL</b>
TITLE <b>D</b>	NAME <b>SMELL, JOSEPH A.</b> STREET ADDRESS <b>5991 82ND TERRACE</b> CITY-ST-ZIP <b>PINELLAS PARK FL</b>
TITLE <b>D</b>	NAME <b>GOUDY, MICHAEL D.</b> STREET ADDRESS <b>11965 MINNEOLA DR. (11965) Minneola</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34654</b>
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	1.2 NAME <b>GOODFELLOW, ROBERT B.</b> 1.3 STREET ADDRESS <b>3415 West Clifton St.</b> 1.4 CITY-ST-ZIP <b>Tampa, Fl. 33614</b>
2.1 TITLE	2.2 NAME
3.1 TITLE	3.2 NAME
4.1 TITLE	4.2 NAME
5.1 TITLE	5.2 NAME
6.1 TITLE	6.2 NAME

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.

SIGNATURE: Rev. John Stanton **REV. JOHN STANTON** 3/23/1998 (813) 837 0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080242

CR2E037 (10/97)