


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02634
 1. Entity Name
LIFE TABERNACLE INC.



Principal Place of Business Mailing Address
4744 W ANITA BLVD 4744 W ANITA BLVD
TAMPA FL 33611 TAMPA FL 33611
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2514646** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOUDY, MICHAEL D.
11965 MINIEOLA DR.
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete STANTON, REV. JOHN 4744 W. ANITA BLVD. TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GOODFELLOW, ROBERT B 3415 W CLIFTON ST TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GOUDY, MICHAEL D. 11965 MINNEOLA DR NEW PORT RICHEY FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100011194100 01/25/05-80087-002 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Rev. John Stanton **Rev. John D. Stanton** 1/20/2005 813 887 0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #