2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90365 017 ****61.25

DOCUMENT # N17026

1. Entity Name

LIFE TABERNACLE OF THE APOSTOLIC FAITH, INC.

Principal Place of Business	Mailing Address
6573 HYDE GROVE AVE JACKSONVILLE FL 32210	6573 HYDE GROVE AVE JACKSONVILLE FL 32210

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2779197 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN, JERRY F. 6500 LAKE GRAY BLVD APT 902 JACKSONVILLE FL 32210	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, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TYRE, ED 671 O'HARA RD DOCTOR'S INLET FL	☑ Delete	Dianne Logston 6818 TREE TOP CIR. W. Jacksonville Fla. 32244	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MUNDAY, LINDA 1310 CLAYTON RD JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TOUCHTON, DALE 6973 HANSON DR NORTH JACKSONVILLE FL 32210	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DEAN, JERRY F 6500 LAKE GRAY BLVD APT 902 JACKSONVILLE FL 32244	☐ Delete	Dean, Jerry F. (Pastor) 5386 Poppy Dr. Jacksonville, Florida 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D O'QUINN, JOY 7827 SYRAMOUR ST JACKSONVILLE FL 32219	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TOUCHTON, DALE 6773 HANSON DR NORTH JACKSONVILLE FL 32210	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jerry F. Dean, Jerry F. Dean (Pastor) 1-30-07 904-251-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #