

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759156

Entity Name: NEW LIFE ASSEMBLY TABERNACLE, INC.**Current Principal Place of Business:**7109 RICHARDSON ROAD
JACKSONVILLE, FL 32209**Current Mailing Address:**7109 RICHARDSON ROAD
JACKSONVILLE, FL 32209 US**FEI Number:** 59-2364122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT, INC.
7901 4TH ST N., STE 300
ST PETERSBURG, FL 33700 US*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**Officer/Director Detail :**

Title	PD
Name	STEVENSON, EARLENE R
Address	7326 NATE CIRCLE
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	SMILEY, CHESTER
Address	7109 RICHARDSON ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	DIRECTOR
Address	7109 RICHARDSON ROAD
City-State-Zip:	JACKSONVILLE FL 32209

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

Title	DIRECTOR
Name	SMILEY, MYRTLE W
Address	7109 RICHARDSON ROAD
City-State-Zip:	JACKSONVILLE FL 32209

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: EARLENE STEVENSON**PASTOR****03/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date