

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

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

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

Title DIRECTOR  
Name DIRECTOR  
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