

**2014 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

**FEI Number:** 59-2364122

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARLOW, A. WELLINGTON ESQ.  
3450 DUNN AVENUE  
SUITE 305  
JACKSONVILLE, FL 32218 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:** A. WELLINGTON BARLOW

03/25/2014

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 SD  
Name WILLIAMS, MABEL  
Address 5701 AVE B  
City-State-Zip: JACKSONVILLE FL 32209

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

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

Title DIRECTOR  
Name BARLOW, KEISHA Y.  
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:** A. WELLINGTON BARLOW

LEGAL COUNSEL

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date