

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005448

**FILED**  
**Sep 15, 2019**  
**Secretary of State**  
**4735225619CC**

**Entity Name:** NEW LIFE TABERNACLE INC

**Current Principal Place of Business:**

1900 BORDER STREET  
PENSACOLA , FL 32505

**Current Mailing Address:**

802 S MADISON DR  
PENSACOLA, FL 32505 US

**FEI Number:** 37-1603452

**Certificate of Status Desired:** No

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

MURRAY, ANNIE W  
802 S MADISON DR  
PENSACOLA, FL 32505 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 MURRAY, ANNIE W  
Address 802 S MADISON DR  
City-State-Zip: PENSACOLA FL 32505

Title TD  
Name RICH, JULIA  
Address 802 S MADISON DR  
City-State-Zip: PENSACOLA FL 32505

Title SD  
Name BARNES-PAGE, KEUNTAE  
Address 802 S MADISON DR  
City-State-Zip: PENSACOLA FL 32505

Title VP  
Name MURRAY, JAMES  
Address 802 S MADISON DR  
City-State-Zip: PENSACOLA FL 32505

Title TREASURY OFFICER  
Name SMITH, GAYNELL  
Address 802 S MADISON DRIVE  
City-State-Zip: PENSACOLA FL 32505

*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:** KEUNTAE BARNES-PAGE

**SD**

**09/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date