

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005448

**FILED**  
**Sep 13, 2017**  
**Secretary of State**  
**CC0394546338**

**Entity Name:** NEW LIFE TABERNACLE INC

**Current Principal Place of Business:**

5147-C WOODLANE CIRCLE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2620 WEST BAARS ST  
PENSACOLA, FL 32505 US

**FEI Number:** 37-1603452

**Certificate of Status Desired:** Yes

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

MURRAY, ANNIE W  
2620 WEST BAARS ST  
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	Title	TD
Name	MURRAY, ANNIE W	Name	VILLIERS, SHRIEEN
Address	2620 WEST BAARS ST	Address	2620 WEST BAARS ST
City-State-Zip:	PENSACOLA FL 32505	City-State-Zip:	PENSACOLA FL 32505
Title	SD	Title	VP
Name	BARNES-PAGE, KEUNTAE	Name	MURRAY, JAMES
Address	2620 WEST BAARS ST	Address	2620 WEST BAARS ST
City-State-Zip:	PENSACOLA FL 32505	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**

**09/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date