

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752467 (1)
1. Corporation Name
APOSTOLIC LIFE TABERNACLE, INC.



Principal Place of Business Mailing Address
% MARION BRANNON
P. O BOX 611
CRESTVIEW FL 32536

3. Date Incorporated or Qualified **05/13/1980** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-2870487** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNON, MARION
444 BRACKINS AVE.
CRESTVIEW FL 32536

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES	
STREET ADDRESS	3091 SKYLINE DR.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, ROBLE	
STREET ADDRESS	215 SEMINOLE TRAIL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, ROLAND	
STREET ADDRESS	295 BRACKINS AVE.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, JAMES	
1.3 STREET ADDRESS	8252 Opportunity DR	
1.4 CITY-ST-ZIP	Crestview FL 32539	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STRICKLAND, ROBLE	
2.3 STREET ADDRESS	215 Seminole Trail	
2.4 CITY-ST-ZIP	Crestview FL 32536	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARZA, HUGO	
3.3 STREET ADDRESS	6032 Robin RD	
3.4 CITY-ST-ZIP	Crestview FL 32536	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBLE STRICKLAND *Roble Strickland*

22 Jan 96 904-884-1259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)