FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

752467

(1)

APOSTOLIC LIFE TABERNACLE, INC.

Principal Place of Business		Mailing Address			•	f 1881it 1888: Elika lidit Azfith ditti fabt Blass atate bratt Azfit bibt; biate esu:		
% MARION BR	ANNON	% MARION BRANNON						
P. O BOX 611		P. O BOX 611						
CRESTVIEW FL	. 32536	CRESTVIEW FL 32536-0611				3. Date Incorporated or Qualified 3a. Date	of Last Report	
							2/01/1996	
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26				4. FEI Number	Applied For	
						59-2870487	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23	28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible to	x under s. 199.032,	
24	25	29	30			Florida Statutes Yes	No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Aç	ent	
				81	Name			
BRANNON, MARION				89 Street Address (P.O. Boy Number in Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable)				
444 BRACKINS AVE. CRESTVIEW FL 32536				83		······································		
UNLOT	IC17 FE 32330							
				84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the al	ove-	named corp	poration submits this statement for the purpose of c	hanging its registered	
office or r	'egistered agent, or both, in the State Im familiar with, and accept the oblig	or Fiorida. Such change was a ations of, Section 617,0503, Flo	utnorizei rida Stat	o by utes.	tne corporat	tion's board of directors. I hereby accept the appoint	niment as registereo	
ľ	,							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registere	Agen	t signature requir	red when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD	☐ DELETE	1.1 11	TLE.		· L	Change Addition	
NAME	JOHNSON, JAMES		1.2 N	ME				
STREET ADDRESS	8252 OPPORTUNITY DR. 11:		1.3 5	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE				
CITY+ST-ZIP			1.4 0				•	
TITLE	STD					570	Change Addition	
NAME	STRICKLAND, ROBLE		2.2 N			Marion V. Brannon	•	
STREET ADDRESS	to the second section where		2351	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		444 Brackin Ave.		
CITY-ST-ZIP	1					Crestview, fl 325	79	
TITLE	VD DELETE 3		_				Change Addition	
NAME			1			, 		
STREET ADDRESS	6032 ROBIN DR.		1		ADDRESS			
· ·	CRESTVIEW FL				1			
CITY-ST-ZIP TITLE	ONESTRICAL EL	DELETE	3.4. C	TY - ST	- zir		Change	
		T DEFEIF				-	T AND THE LANGE OF THE PARTY OF	
NAME			4. 2 N					
STREET ADDRESS			4.3 \$1	REET	ADDRESS)			
CHTY-ST-ZIP		T SECENT		TY-ST	· ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>	Tohana Filaday	
TITLE		☐ DELETE	5.1 Ti			L.	Change Addition	
NAME			5.2 N	ME				
STREET ADDRESS			5.3 ST	REET A	address			
CITY-ST-ZIP			5.4 CI	ty-st	-ZIP			
TITLE		DELETE	6.1 TI	TLE			Change Addition	
NAME			6.2 N	ME				
STREET ADORESS	<u> </u>		6.3 S1	REET A	ADDRESS			

CITY-ST-ZIP

6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

FILED

Feb 03 1997 8:00am

Secretary of State