2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752467

FILED Feb 16, 2006 Secretary of State

Entity Name: APOSTOLIC LIFE TABERNACLE, INC.

Current Principal Place of Business: New Principal Place of Business:

% MARION BRANNON 3136 PINEWOOD LANE CRESTVIEW, FL 32539

Current Mailing Address: New Mailing Address:

% MARION BRANNON P. O BOX 1274 CRESTVIEW, FL 32536

FEI Number: 59-2870487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRANNON, MARION 444 BRACKINS AVE. CRESTVIEW, FL 32539 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 JORDAN, ROLAND B
 Name:
 CHESSOR, SHANE

 Address:
 295 BRACKIN ST.
 Address:
 2800 MACGREGOR

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:
 CRESTVIEW, FL 32539

Title: STD () Delete Title: STD (X) Change () Addition Name: BRANNON, MARION V Name: BAILEY, JULIE

 Name:
 BRANNON, MARION V
 Name:
 BAILEY, JULIE

 Address:
 444 BRACKIN AVE
 Address:
 2800 PING LANE

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:
 CRESTVIEW, FL 32539

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 ROGERS, ESTELLE
 Name:
 GARZA, HUGO

 Address:
 P.O. BOX 65
 Address:
 6032 ROBIN RD

 City-St-Zip:
 LAUREL HILL, FL 32567
 City-St-Zip:
 CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE BAILEY STD 02/16/2006