

752467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

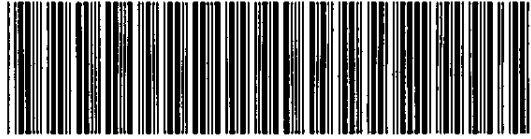
(Business Entity Name)

(Document Number)

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15 MAY 18 AM 10:49
STATE OFFICE OF
TALLAHASSEE, FLORIDA

R. White

MAY 19 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

SHARON WILKINS
3136 PINWOODS DR
CRESTVIEW, FL 32539

SUBJECT: APOSTOLIC LIFE TABERNACLE, INC.
Ref. Number: 752467

We have received your document for APOSTOLIC LIFE TABERNACLE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Florida not for profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 015A00008485

RECEIVED
15 MAY 18 PM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

you need any other information please call me at

850-902-0313

*Sharon Dinkins
Sec/bis*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apostolic Life Tabernacle
Name of Corporation

DOCUMENT NUMBER: 752467

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Sharon Dinkins
Name of Contact Person

Apostolic Life Tabernacle
Firm/Company

3136 Pinewoods Dr
Address

Crestview, Florida, 32539
City/State and Zip Code

Victorianroseofsharon@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Dinkins at (850) 902-0313
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Apostolic Life Tabernacle
2. The principal office address: 3136 Pinewoods Dr Crestview, Florida 32539
3. The mailing address (if different): P.O. Box 611 Crestview, Florida 32539
4. Date of incorporation/qualification: 5/13/80 Document number: 752467
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Marion Brannon
3136 Pinewoods Dr
Crestview, Fla. 32536

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sharon Dinkins
3136 Pinewoods Dr
Crestview, Fla. 32539
P.O. Box NOT acceptable

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 MAY 18 12:19:49 PM '15

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

President - Pastor
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sharon Dinkins
Signature of Registered Agent

5-4-2015
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***