


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90072 041 \*\*\*\*61.25

**DOCUMENT # 752467**

1. Entity Name  
**APOSTOLIC LIFE TABERNACLE, INC.**



Principal Place of Business      Mailing Address

**% MARION BRANNON**      **% MARION BRANNON**  
**P. O BOX 611**      **P. O BOX 611**  
**CRESTVIEW FL 32536**      **CRESTVIEW FL 32536**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2870487**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BRANNON, MARION**  
**444 BRACKINS AVE.**  
**CRESTVIEW FL 32536**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, JAMES</b>	
STREET ADDRESS	<b>8252 OPPORTUNITY DR.</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNON, MARION V</b>	
STREET ADDRESS	<b>444 BRACKIN AVE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARZA, HUGO</b>	
STREET ADDRESS	<b>6032 ROBIN DR.</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGO GARZA</b>	
STREET ADDRESS	<b>6032 Robin Dr.</b>	
CITY-ST-ZIP	<b>Crestview, FL 32539</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lonelle Anger</b>	
STREET ADDRESS	<b>5362 Lucy Lane</b>	
CITY-ST-ZIP	<b>CRESTVIEW, FL 32539</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion V. Brannon* **MARION V. BRANNON** 8-17-03 850 682-6509

CR2E037 (10/02)