

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003587

FILED
Apr 04, 2008
Secretary of State

Entity Name: TRUE LIFE APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

23670 COUNTY ROAD 49
O'BRIEN, FL 32071

New Principal Place of Business:

Current Mailing Address:

23670 COUNTY ROAD 49
O'BRIEN, FL 32071

New Mailing Address:

FEI Number: 59-3644361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASS, THOMAS W
3205 NORTHEAST 49TH STREET
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BASS, MAX L
Address: 23670 COUNTY ROAD 49
City-St-Zip: O'BRIEN, FL 32071

Title: TD () Delete
Name: WEEKS, BENJAMIN
Address: 4202 LOCH LAUREL RD
City-St-Zip: LAKE PARK, GA 31636

Title: SD () Delete
Name: BASS, THOMAS W
Address: 3205 NORTHEAST 49TH STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MAX L BASS

PD

04/04/2008

Electronic Signature of Signing Officer or Director

Date