

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003587

FILED  
Mar 13, 2009  
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 ( )

## 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:

BASS, DAWN W  
23883 C R 49  
O'BRIEN, FL 32071 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: DAWN BASS

03/13/2009

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: TD (X) Change ( ) Addition  
Name: PIXLER, TIMOTHY  
Address: 5250 RENDON RD  
City-St-Zip: FORT WORTH, TX 76140

Title: SD (X) Change ( ) Addition  
Name: ROWLEY, JOE  
Address: 8125 GILLIAM RD  
City-St-Zip: APOPKA, FL 32703

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 BASS

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date