

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000001069**

1. Entity Name  
**TRUE LIFE CHURCH OF THE APOSTOLIC DOCTRINE,  
INC.**



Principal Place of Business  
**2092 PATTERSON AVE  
ORLANDO, FL 32811**

Mailing Address  
**2092 PATTERSON AVE  
ORLANDO, FL 32811**



01242007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

**WILLIAMS, KEVIN PASTOR  
2092 PATTERSON AVE  
ORLANDO, FL 32811**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WILLIAMS, KEVIN  
2092 PATTERSON AVE  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GILLENS, LATOSHA  
5449 TIMBERLEAF BLVD #408  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WISENBAKER, GEORGE  
3201 WOLCOTT PLAVE  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOTT, BRANDI  
5485 TIMBERLEAF BLVD #1310  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000643481  
03/07/07-80051-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Kevin Williams* 1/29/07 (321) 945-3748