

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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**



01202008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, KEVIN
STREET ADDRESS	2092 PATTERSON AVE
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	GILLENS, LATOSHA
STREET ADDRESS	5449 TIMBERLEAF BLVD #408
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	TD
NAME	WISEBAKER, GEORGE
STREET ADDRESS	3201 WOLCOTT PLAVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	MOTT, BRANDI
STREET ADDRESS	5485 TIMBERLEAF BLVD #1310
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80038-002 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 D Williams *Kevin D Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08
Date

321-945-3748
Daytime Phone #