

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001069

FILED  
Jul 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2092 PATTERSON AVE  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

2092 PATTERSON AVE  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 36-4549307      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, KEVIN PASTOR  
2092 PATTERSON AVE  
ORLANDO, FL 32811 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: WILLIAMS, KEVIN  
Address: 2092 PATTERSON AVE  
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete  
Name: GILLENS, LATOSHA  
Address: 5449 TIMBERLEAF BLVD #408  
City-St-Zip: ORLANDO, FL 32811

Title: TD ( ) Delete  
Name: WISEBAKER, GEORGE  
Address: 3201 WOLCOTT PLAVE  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: MOTT, BRANDI  
Address: 5485 TIMBERLEAF BLVD #1310  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: GILLENS, LATOSHA  
Address: 440 FONTANA CIRCLE #102  
City-St-Zip: OVIEDO, FL 32765

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

Title: D (X) Change ( ) Addition  
Name: MOTT, BRANDI  
Address: 5712 RIDGE CLUB LOOP APT 301  
City-St-Zip: ORLANDO, FL 32839

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: KEVIN WILLIAMS

PD

07/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date