

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001069

FILED
Mar 24, 2012
Secretary of State

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

Current Principal Place of Business:

8296 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

New Principal Place of Business:

9421 SOUTH ORANGE BLOSSOM TRAIL
SUITE 20-D
ORLANDO, FL 32837

Current Mailing Address:

3437 BOCAGE DR
APT. 517
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 36-4549307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, KEVIN PASTOR
3437 BOCAGE DRIVE
APT. 517
ORLANDO, FL 32812 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
Name: WILLIAMS, KEVIN
Address: 3437 BOCAGE DRIVE APT. 517
City-St-Zip: ORLANDO, FL 32812

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

Title: TD
Name: WISENBAKER, GEORGE
Address: 329 ERIE DR
City-St-Zip: KISSIMMEE, FL 34759

Title: D
Name: JOHNSON, AL
Address: 6119 METROWEST BLVD #109
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: KEVIN WILLIAMS

PD

03/24/2012

Electronic Signature of Signing Officer or Director

Date