2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N06000010477

Entity Name: NEW LIFE WORD TABERNACLE, INC.

Current Principal Place of Business:

133 SE 10TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

133 SE 10TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3661143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, MARGURITE PASTOR
1612 NE 5TH AVE
GAINESVILLE, FL 32641 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: D ( ) Delete
Name: ANDERSON, MARGURITE
Address: 1612 NE 5TH AVEEET
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete
Name: ANDERSON, CLEO
Address: 1612 NE 5TH AVEEET
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete
Name: AIKEN, MARY
Address: PO BOX 430
City-St-Zip: WALSO, FL 32694

Title: D ( ) Delete
Name: DOUALEHI, CYNTHIA
Address: 3912 NE 1ST TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: ELLIS, NATHANIEL
Address: 3419 NW 34TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: ELLIS, SYLVIA
Address: 4519 NW 34TH DR
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MARGURITE ANDERSON D 01/09/2008

Electronic Signature of Signing Officer or Director — Date