

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007891

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** TRUE LIFE MINISTRIES - FAITH TABERNACLE, INC.

**Current Principal Place of Business:**

3363 PERCIVAL AVENUE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3363 PERCIVAL AVENUE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-1111712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GODBOLT, PATRICE  
3363 PERCIVAL AVENUE  
COCONUT GROVE, FL 33133 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:** GODBOLT, HANNAH  
**Address:** 3363 PERCIVAL AVENUE  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** VPD  
**Name:** GODBOLT, PATRICIA  
**Address:** 15760 BULLRUN RD.,APT 367  
**City-St-Zip:** MIAMI, FL 33014

**Title:** TSD  
**Name:** GODBOLT, JERRY L  
**Address:** 11122 SW 166 TERR  
**City-St-Zip:** MIAMI, FL 33157

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:** HANNAH GODBOLT

PD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date