

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007891

FILED  
Jan 25, 2012  
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:**

3640 DAY AVENUE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3363 PERCIVAL AVENUE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

3640 DAY AVENUE  
COCONUT GROVE, FL 33133

**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:**

GODBOLT, PATRICE  
3640 DAY AVENUE  
COCONUT GROVE, FL 33133 US

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: PATRICE GODBOLT

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GODBOLT, HANNAH  
Address: 3640 DAY 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

01/25/2012

Electronic Signature of Signing Officer or Director

Date