

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007826

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** APOSTOLIC TABERNACLE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

18438 NW 9TH STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

3931 NW 194TH STREET  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** 27-3389376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, NEVILLE  
18438 NW 9TH STREET  
PEMBROKE PINES, FL 33029 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:** P  
**Name:** LYONS, NEVILLE  
**Address:** 18438 NW 9TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**Title:** S  
**Name:** STEPP, GREGORY  
**Address:** 13290 SW 16TH COURT  
**City-St-Zip:** DAVIE, FL 33325

**Title:** T  
**Name:** NYAMORA, PETER  
**Address:** 6744 SW 195TH AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33332

**Title:** RECS  
**Name:** WORTHEY, KAREN  
**Address:** 3931 NW 194TH STREET  
**City-St-Zip:** MIAMI, FL 33055

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:** NEVILLE LYONS

P

01/05/2012

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

\_\_\_\_\_  
Date