

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11880

(4)

1. Corporation Name

NEW LIFE TABERNACLE, INC.



Principal Place of Business

Mailing Address

248 HOLLYWOOD BLVD. S.E.
P.O. BOX 2581
FT. WALTON BEACH FL 32549-2581

248 HOLLYWOOD BLVD. S.E.
P.O. BOX 2581
FT. WALTON BEACH FL 32549-2581

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 248 Hollywood Blvd S.E.

26 P.O. Box 2581

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ft. Walton Bch., Fl.

24 32549 25 Okaloosa

29 32549 30 Okaloosa

25 Okaloosa

4. FEI Number
59-2796419

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLDUC, NORRIS
47 CAPE DRIVE
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RICHARD CRAWLEY
STREET ADDRESS 814 TAXEDO DR.
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE D ☒ DELETE
NAME MARSHALL, DELORES
STREET ADDRESS 115 CAMELLIA DR.
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE D ☐ DELETE
NAME RICHARDSON, JAMES W JR.
STREET ADDRESS 131 ANDERSON DRIVE
CITY-ST-ZIP MARY ESTHER FL

TITLE P ☐ DELETE
NAME SANSOM, CHARLES
STREET ADDRESS 49 CAPE DR
CITY-ST-ZIP FT WALTON BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *James Richardson - Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16 96 (904) 243-1070

Date 5-8-96 Daytime Phone #

CR2E037 (12/95)