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May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

248 HOLLYWOOD BLVD. S.E.  
FT. WALTON BEACH FL 32549

Mailing Address

P.O. BOX 2581  
FT WALTON BEACH FL 32549-2581

3. Date Incorporated or Qualified  
11/04/1985

3a. Date of Last Report  
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 NORBERT T. KLENK  
82 Street Address (P.O. Box Number is Not Acceptable)  
107 MARIYAN AVE, NW  
83  
84 City FT WALTON BEACH FL 85 Zip Code 32548-4012

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 617.0508, Florida Statutes.

SIGNATURE NORBERT T. KLENK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12 APR 97

12. OFFICERS AND DIRECTORS

TITLE D RICHARD CRAWLEY DELETE

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

TITLE D MCBRIDE, HORACE DELETE

NAME MCBRIDE, HORACE  
STREET ADDRESS 311 CLOVERDALE BLVD  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE D RICHARDSON, JAMES W JR. DELETE

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

TITLE P SANSOM, CHARLES 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 D BILL ESHELMAN Change Addition

1.2 NAME BILL ESHELMAN  
1.3 STREET ADDRESS 1522 W. PONDEROSA  
1.4 CITY-ST-ZIP FT WALTON BEACH FL 32547-1125

2.1 TITLE Change Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D Change Addition

3.2 NAME NORBERT T KLENK  
3.3 STREET ADDRESS 107 MARIYAN AVE NW  
3.4 CITY-ST-ZIP FT WALTON BEACH FL 32548-4012

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)