FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11880

Amended

Corporation Name
NEW LIFE TABERNACLE, INC.

Principal Place of Business	Mailing Address
HOLLYWOOD BLVD. S.E. WALTON BEACH FL 32549	P.O. BOX 2581 FT WALTON BEACH FL 32549

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
248 Hollywood BLVD. S.E.	P.O. Box 2581	11/04/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2796419 ☐ Applied For ☐ Not Applicable
City & State: FT Walton Bch, FL	City & State: FT Walton Bch, FL 32549	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 25	Zip / Country 29 30 OKALOOSA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLENK, NORBERT T DELETE 107 MARILYN AVE., N.W. FT. WALTON BEACH FL 32548 CHANGE TO: CHARLES SANSOM 49 CAPE DR. FT. WALTON BCH, FL. 32548 PASTOR	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: Charles Sansom — CHARLES SANSOM PASTOR — 11-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
D ESHELMAN, BILL ADDRESS 1522 W. PONDEROSA ST-ZIP FT. WALTON BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	JAMES E. NICHOLS 716 DALE PLACE FT WALTON BCH, FL 32547 D. ☑ Change ☐ Addition
D MCBRIDE, HORACE ADDRESS 311 CLOVERDALE BLVD ST-ZIP FT. WALTON BEACH FL 32547	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CLINTON WILKINS 6 WARWICK DR. SHALIMAR, FL 32579 D. ☑ Change ☐ Addition
D KLENK, NORBERT T ADDRESS 107 MARILYN AVE. N.W. ST-ZIP FT. WALTON BEACH FL	☑ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	400003070064-9 -12/14/99--01095--018 *****61.25 *****61.25 ☐ Change ☐ Addition
P SANSOM, CHARLES ADDRESS 49 CAPE DR ST-ZIP FT WALTON BEACH FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

I 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 an attachment with an address, with all other like empowered.

SIGNATURE: Charles Sansom 11-12-99 CHARLES SANSOM 1-8-99 850 243-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #