

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N17026

1. Entity Name
LIFE TABERNACLE OF THE APOSTOLIC FAITH, INC.



Principal Place of Business
**%JERRY E. DEAN
1006 HILLOCK DR.
JACKSONVILLE, FL 32221**

Mailing Address
**%JERRY E. DEAN
1006 HILLOCK DR.
JACKSONVILLE, FL 32221**



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2779197

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEAN, JERRY E
1006 HILLOCK DR. E.
JACKSONVILLE, FL 32221**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Jerry E. Dean - Pastor

1-23-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TYRE, ED
STREET ADDRESS	671 O'HARA RD
CITY-ST-ZIP	DOCTOR'S INLET, FL
TITLE	D
NAME	MUNDAY, LINDA
STREET ADDRESS	1310 CLAYTON RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	DEAN, JERRY E
STREET ADDRESS	1006 HILLOCK DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80058-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry E. Dean
Pastor

1-23-05
Date Daytime Phone #

904-781-089