

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90219 040 ****70.00

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	
2. Principal Place of Business Suite, Apt. #, etc. 6573 HYDE GROVE AVE		3. Mailing Address Suite, Apt. #, etc. 6573 HYDE GROVE AVE	
City & State Jacksonville Florida		City & State Jacksonville Florida	
Zip 32210		Zip 32210	
Country USA		Country USA	
4. FEI Number 59-2779197		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, JERRY E 1006 HILLOCK DR. E. JACKSONVILLE FL 32221		7. Name and Address of New Registered Agent Name JERRY F. DEAN Street Address (P.O. Box Number is Not Acceptable) 6500 LAKE GRAY BLVD APT 902 City Jacksonville FL Zip Code 32210	
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 <i>Jerry F. Dean</i> <small>(Signature, typed or printed name of registered agent and the applicable)</small>		DATE JAN 18, 2006 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TYRE, ED 671 O'HARA RD DOCTOR'S INLET FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D JERRY F. DEAN 6500 LAKE GRAY BLVD. 902 Jacksonville, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MUNDAY, LINDA 1310 CLAYTON RD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D JOY O'QUINN 7827 SYCAMORE ST. Jacksonville FL 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DEAN, JERRY E 1006 HILLOCK DR. E JACKSONVILLE FL 32221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D DALE TOUCHTON 6973 HANSON DR. N. Jacksonville FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JERRY F. DEAN 6500 LAKE GRAY BLVD APT 902 Jacksonville, FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JOY O'QUINN 7827 SYCAMORE ST Jacksonville, FL 32219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DALE TOUCHTON 6973 HANSON DR. N. Jacksonville, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Jerry F. Dean</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE JAN 18, 2006 <small>Date</small>	
		DAYTIME PHONE # 904 251-5991 <small>Daytime Phone #</small>	

• St. John 10:10

J.F. Dean
Pastor
(904) 771-0510

ATTACHMENT

Life Tabernacle



of the
Apostolic Faith

40083835
N17026

Acts 2:38

6573 Hyde Grove Avenue
Jacksonville, Florida 32210
(904) 786-2882

April 20, 2006

Dear Sirs / Madam

As per our phone conversation today I am resending this request for "Annual Report". I am sorry for the mix up and confusion. Enclosed is a check for the amount of \$70.00, of which \$61.25 is for the report, and \$8.25 is for the certification. You may note that I have made corrections to the mailing address in block # 2 and 3. In addition there is also a change to the "officers" section as well, deleting Jerry E. Dean and adding Jerry F. Dean in his place.

Thank you for help in making these changes.

Rev. Jerry F. Dean, Pastor

Reference Letters:

N17026, Jan.31, 2006

N17026, April 14, 2006

406A00025504, April 14, 2006

Document # N17026, Jan.18, 2006