

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90019 010 ****61.25

DOCUMENT # N17026

1. Entity Name

LIFE TABERNACLE OF THE APOSTOLIC FAITH, INC.



Principal Place of Business

6573 HYDE GROVE AVE
JACKSONVILLE FL 32210

Mailing Address

6573 HYDE GROVE AVE
JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

DEAN, JERRY E-
6500 LAKE GRAY BLVD
APT 902
JACKSONVILLE FL 32210

Name DEAN, JERRY F.

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

5386 POPPY DR.

City Jacksonville

FL

Zip Code

32205

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME D
STREET ADDRESS LOGSTON, DNEEN
CITY-ST-ZIP 6518 TREETOP CIRCLE W.
JACKSONVILLE FL 32244

TITLE ☒ Change ☐ Addition
NAME LOGSTON, DIANNE
STREET ADDRESS 6318 TREE TOP CIRCLE WEST
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNDAY, LINDA
CITY-ST-ZIP 1310 CLAYTON RD
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DEAN, JERRY F PASTOR
CITY-ST-ZIP 5386 POPPY DR.
JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS O'QUINN, JOY
CITY-ST-ZIP 7827 SYRAMOUR ST
JACKSONVILLE FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TOUCHTON, DALE
CITY-ST-ZIP 6773 HANSON DR NORTH
JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jerry F. Dean Jerry F. Dean 2-11-08