

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17026

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** LIFE TABERNACLE OF THE APOSTOLIC FAITH, INC.

**Current Principal Place of Business:**

6573 HYDE GROVE AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

6573 HYDE GROVE AVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-2779197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN, JERRY F  
1869 MEMORY LN.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOGSTON, DIANNE  
Address: 6318 TREE TOP CIR W  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: DEAN, JERRY F PASTOR  
Address: 1869 MEMORY LN.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: LOGSTON, JAMES E  
Address: 11758 CARSON LAKE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D  
Name: WILLIAMS, LACON  
Address: 10712 MEADOWLEA CIRCLE W.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: WHEELER, ROBERT  
Address: 7960 LENOX AVE.  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** REV. JERRY F. DEAN

PAST

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date