

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