

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:45

DOCUMENT # N93000004151 (7)

1. Corporation Name

NEW LIFE APOSTOLIC TABERNACLE, INC.

Principal Place of Business

Mailing Address

342 11TH ST. NO.  
ST. PETERSBURG FL 33701

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ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/02/1993

02/15/1994

4. FEI Number

Applied For

59-3217059

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

FILING FEE IS  
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOSS, THOMAS E III  
500 E ALTAMONTE DR  
S-210  
ALTAMONTE SPRINGS FL 32701

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | PD                              |
| NAME            | BACON, EVANS J JR               |
| STREET ADDRESS  | 1019 PERSIMMON AVE              |
| CITY - ST - ZIP | SANFORD FL 32771                |
| TITLE           | D                               |
| NAME            | BACON, CYNTHIA D                |
| STREET ADDRESS  | 1019 PERSIMMON AVE              |
| CITY - ST - ZIP | SANFORD FL 32771                |
| TITLE           | D                               |
| NAME            | HENDERSON, MICHAEL              |
| STREET ADDRESS  | 620 MADISON ST SO               |
| CITY - ST - ZIP | ST PETERSBURG FL 33711          |
| TITLE           | D                               |
| NAME            | DAVIS, JIMMY                    |
| STREET ADDRESS  | 2217 AUBURN ST.                 |
| CITY - ST - ZIP | ST. PETERSBURG FL               |
| TITLE           | D                               |
| NAME            | GAMMAE, JOAN                    |
| STREET ADDRESS  | 2355 25TH AVE SO                |
| CITY - ST - ZIP | ST PETERSBURG FL 33712 (Remove) |
| TITLE           | STD                             |
| NAME            | HILLMAN, PATRICIA               |
| STREET ADDRESS  | 2017 KINGS HWY., #38            |
| CITY - ST - ZIP | CLEARWATER FL 34615             |

|                    |                          |                                                                              |
|--------------------|--------------------------|------------------------------------------------------------------------------|
| 11 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                          |                                                                              |
| 13 STREET ADDRESS  |                          |                                                                              |
| 14 CITY - ST - ZIP |                          |                                                                              |
| 21 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                          |                                                                              |
| 23 STREET ADDRESS  |                          |                                                                              |
| 24 CITY - ST - ZIP |                          |                                                                              |
| 31 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                          |                                                                              |
| 33 STREET ADDRESS  |                          |                                                                              |
| 34 CITY - ST - ZIP |                          |                                                                              |
| 41 TITLE           |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                          |                                                                              |
| 43 STREET ADDRESS  | 670 23rd Ave. So         |                                                                              |
| 44 CITY - ST - ZIP | St. Petersburg, FL 33712 |                                                                              |
| 51 TITLE           | Elder                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME            | Hermin L. Cabarris       |                                                                              |
| 53 STREET ADDRESS  | 9018 Dreamway No.        |                                                                              |
| 54 CITY - ST - ZIP | Largo, FL 34643          |                                                                              |
| 61 TITLE           |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            | Alpine Rd.               |                                                                              |
| 63 STREET ADDRESS  | 2019 Beechwood #58       |                                                                              |
| 64 CITY - ST - ZIP | Clearwater, FL 34615     |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVANS J. BACON Jr.

Date

Daytime Phone #

407  
323-8335