SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	2643 21ST AVENUE SW LARGO FL 33774 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business
21: 342-11th St. N.
Suite, Apt. #, etc.
22:
City & State
23: St. Petersburg, FL
Zip 24: 33701 Country 25: Pinellas

2a. Mailing Address
26: Ele 13-21st Ave SW
Suite, Apt. #, etc.
27:
City & State
28: Largo, FL
Zip 29: 33774 Country 30: Pinellas

4. FEI Number: 59-3217059 ☐ Applied For ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BACON, EVANS J JR		1.2 NAME		
STREET ADDRESS	1019 PERSIMMON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BACON, CYNTHIA D		2.2 NAME		
STREET ADDRESS	1019 PERSIMMON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, MICHAEL		3.2 NAME		
STREET ADDRESS	620 MADISON ST SO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33711		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JIMMY		4.2 NAME		
STREET ADDRESS	670 23RD AVE S		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CABARRIS, KERMIN L		5.2 NAME		
STREET ADDRESS	9068 DREAM WAY N		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HILLMAN, PATRICIA		6.2 NAME		
STREET ADDRESS	2643 21ST AVENUE SWW		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [illegible] 9/14/97 (Signature required)