SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300004151 (7)

NEW LIFE APOSTOLIC TABERNACLE, INC.

Principal Place of Business Mailing Address)ini Gā im bi nāt ilāba ārtāt mat 1981
342 11TH ST. NO. ST. PETERSBURG FL 33701		2643 21ST AVENUE SW LARGO FL 33774 US		Date Incorporated or Qualified 09/02/1993 4. FEI Number	LA-MA E-
				59-3217059	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address 101	19 Persium		\$8.75 Additional
21		2a. Mailing Address 1019 PErsimman A 26 SANFORD FIA 3277		2771	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		27 City & State		7. Is this nonprofit corporation a homeow	Added to Fees
23		26 SANFOLD, FlA.		Yes	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		0 45	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
			o Ivalle		
DOSS, THOMAS E III			82 Street A	Address (P.O. Box Number is Not Acceptable)	
500 E ALTAM Ö nte dr S-210			83		
ALTAMONTE SPRINGS FL 32701					· · · · · · · · · · · · · · · · · · ·
ALIMION	TIE OF WINCO TE SETOT		84 City	ľ	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 ch					changing its registered
office or registered agent, or both, in the State of Fiorida. 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, Fiorida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agent a		Registered Agent signature		·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	PD BACON, EVANS J JR	DELETE	1.2 NAME		Change Addition
STREET ADDRESS			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 ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP		<u>.</u>
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	HENDERSON, MICHAEL		3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33711		3.4 CITY-ST-ZIP		
TITLE	DAME HIMAN	DELETE	4.1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS	DAVIS, JIMMY 670 23RD AVE S		4.2 NAME 4.3 STREET ADDRESS		
	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D CLEENODONG IL	DELETE	6.1 TITLE		Change Addition
NAME	CABARRIS, KERMIN L		5.2 NAME		Change Addison
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	STD	▼ DELETE	6.1 TITLE	STO	Change Addition
NAME	HILLMAN, PATRICIA	•		GWENDOLYN Rhymes	
STREET ADDRESS	2643 21ST AVENUE SWW			342 11th ST No	0.1-
CITY-ST-ZIP	LARGO FL	hin filing done not available for the	6.4 CITY-ST-ZIP	ST. Peters Burg FlA	3370/
14. I hereby certify that the information supplied with this filling 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					
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 empand, or on an attachment with an address.					

FILED

Oct 07 1998 8:00am

Secretary of State

- B. L. C. College Color - Color Col