## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004151

FILED Jan 06, 2004 Secretary of State

Entity Name: NEW LIFE APOSTOLIC TABERNACLE, INC.

| Current Principal Place of Business:        |   |   |              | New Principal Place of Business:             |   |  |
|---|---|---|--------------|--|---|--|
| 342 11TH S<br>ST. PETER                     | ST. NO.<br>RSBURG, FL                               | 33701   |              |  |   |  |
| Current Mailing Address:                    |   |   |              | New Mailing Address:                         |   |  |
|   | SIMMON AVE<br>, FL 32771                            | US  |              |  |   |  |
| FEI Number:                                 | 59-3217059  | FEI Number Applied For ( )                        | FEI Numb     | er Not Applicable ( )                        | Certificate of Status Desired ( )       |  |
| Name and                                    | Address of (  | Current Registered Agent:                         | N            | lame and Address                             | of New Registered Agent:                |  |
| S-210<br>ALTAMON                            | AMONTE DR TE SPRINGS named entity                   | , FL 32701 US<br>submits this statement for the p | ourpose of c | changing its registere                       | ed office or registered agent, or both, |  |
| SIGNATUR                                    | RE:   |   |              |  |   |  |
|   | Electro   | nic Signature of Registered Age                   | ent          |  | Date                                    |  |
| OFFICERS                                    | AND DIREC   | CTORS:  | 4            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD (<br>BACON, EVAN<br>1019 PERSIMI<br>SANFORD, FL  | MON AVE   | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:     | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BACON, CYNT<br>1019 PERSIMI<br>SANFORD, FL   | MON AVE   | N<br>A       | itle:<br>lame:<br>ddress:<br>iity-St-Zip:    | ( ) Change ( ) Addition                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | HENDERSON,<br>620 MADISON                           |   | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:     | ( ) Change ( ) Addition                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>DAVIS, JIMMY<br>670 23RD AVE<br>ST. PETERSBU | ES  | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:     | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>CABARRIS, KE<br>9068 DREAM \<br>LARGO, FL    |   | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:     | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | RHYMES, GW<br>342 11TH ST N                         |   | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:     | ( ) Change ( ) Addition                 |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

|  | SIGNATURE: | EVANS J. BACON JR. | PD | 01/06/2004 |
|--|------------|--------------------|----|------------|
|--|------------|--------------------|----|------------|