2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N93000004151

Entity Name: NEW LIFE APOSTOLIC TABERNACLE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1019 PERSIMMON AVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3217059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOSS, THOMAS E III
500 E ALTAMONTE DR
S-210
ALTAMONTE SPRINGS, FL 32701 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:	PD	( ) Delete
Name:	BACON, EVANS J JR	
Address:	1019 PERSIMMON AVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	BACON, CYNTHIA D	
Address:	1019 PERSIMMON AVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	HENDERSON, MICHAEL	
Address:	620 MADISON ST SO	
City-St-Zip:	ST PETERSBURG, FL 33711	
Title:	D	( ) Delete
Name:	DAVIS, JIMMY	
Address:	670 23RD AVE S	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	D	( ) Delete
Name:	CABARRIS, KERMIN L	
Address:	9068 DREAM WAY N	
City-St-Zip:	LARGO, FL	
Title:	STD	( ) Delete
Name:	RHYMES, GWENDOLYN	
Address:	342 11TH ST NO	
City-St-Zip:	ST PETERSBURG, FL 33701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/14/2009

Electronic Signature of Signing Officer or Director — Date