

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004151

FILED
Jan 31, 2011
Secretary of State

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: CEOP
Name: BACON, CYNTHIA D
Address: 1019 PERSIMMON AVE
City-St-Zip: SANFORD, FL 32771

Title: TD
Name: RHYMES, GWENDOLYN
Address: 13024 119TH STREET NORTH
City-St-Zip: LARGO, FL 33778

Title: D
Name: RHYMES, CARLOS
Address: 829 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: DAVIS, JIMMY
Address: 670 23RD AVE S
City-St-Zip: ST. PETERSBURG, FL

Title: D
Name: JENKINS, COLETHA
Address: 4663 14TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: S
Name: RHYMES, SHELIA
Address: 829 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA D. BACON

CEOP

01/31/2011

Electronic Signature of Signing Officer or Director

Date