2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 12, 2008 8:00 am Secretary of State DOCUMENT # N9400000558 05-12-2008 90036 019 ****61.25 NEW LIFE TABERNACLE CHURCH OF GOD INC. Principal Place of Business Mailing Address 4203 W D JUDGE DR ORLANDO FL 32808 4203 W D JUDGE DR ORLANDO FL 32808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3227762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, DAISY Street Address (P.O. Box Number is Not Acceptable) 2608 SILVER HILLS DR APT #3 ORLANDO FL 32818 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change ☐ Addition LAMB, CARLOTTA M NAME NAME 1488 MERCY DR. BLDG 1444 APT 181 STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-7/P CITY-ST-ZP TITLE ☐ Delate TITLE Change Addition DOZIER, MINNIE NAME NAME 7312 BEACON HILL LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME WILLIAMS, ALMA NAME 2669 SILVER HILLS DR. APT 7 STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition FISHER, DAISY NAME NAME STREET ADDRESS 2608 SILVERHILLS DR. APT 3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WILSON, MACHEL NAME NAME 5478 EUGENIA CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CHY-ST-ZIP THILE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.