

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752467

**Entity Name:** APOSTOLIC LIFE TABERNACLE, INC.

**Current Principal Place of Business:**

% MICHAEL BRASWELL  
3136 PINEWOOD DR.  
CRESTVIEW, FL 32539

**Current Mailing Address:**

% MICHAEL BRASWELL  
P.O. BOX 611  
CRESTVIEW, FL 32539 US

**FEI Number:** 59-2870487

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DINKINS, SHARON  
3136 PINEWOODS DR  
CRESTVIEW, FL 32539 US

*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

**Officer/Director Detail :**

Title PD  
Name BRASWELL, MICHAEL D  
Address 6474 MOONLIGHT LANE  
City-State-Zip: CRESTVIEW FL 32539

Title STD  
Name DINKINS, SHARON  
Address 192 PATTON ST.  
City-State-Zip: CRESTVIEW FL 32539

Title VD  
Name DINKINS, THOMAS E  
Address 192 PATTON ST  
City-State-Zip: CRESTVIEW FL 32539

Title DIRECTOR  
Name BAILEY, SCOTT  
Address 5830 ANTLER WAY  
City-State-Zip: CRESTVIEW FL 32539

Title DIRECTOR  
Name GARZA, JESSE  
Address 6032 ROBIN RD  
City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR  
Name NESTER, MATHEW  
Address 7888 PARKWOOD DR  
City-State-Zip: MILTON FL 32570

*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:** SHARON DINKINS

SEC/TRES

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date