

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752467

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

**Current Principal Place of Business:**

% MARION BRANNON  
3136 PINWOOD LANE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

% MARION BRANNON  
P. O BOX 1274  
CRESTVIEW, FL 32536

**FEI Number:** 59-2870487

**Certificate of Status Desired:** No

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

BRANNON, MARION  
432 BRACKIN ST.  
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 MICHAEL D. BRASWELL  
Address 645 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 BAILEY, SCOTT  
Address 5830 ANTLER WAY  
City-State-Zip: CRESTVIEW FL 32539

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

Title DIRECTOR  
Name BASSETTE, SCOTT  
Address 154 CONQUEST AVE  
City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR  
Name PATE, JASON  
Address 1207 NORTHWOOD DR.  
City-State-Zip: CRESTVIEW FL 32536

*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:** MARION V BRANNON

**REGISTERED AGENT**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date