

2017 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 OWENS, CHRISTOPHER
Address 1188 PIPER LANE
City-State-Zip: BAKER FL 32531

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/TRE

02/26/2017

Electronic Signature of Signing Officer/Director Detail

Date