

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007826

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC7653265268**

**Entity Name:** APOSTOLIC TABERNACLE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

18438 NW 9TH STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18438 NW 9TH STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 27-3389376

**Certificate of Status Desired:** No

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

LYONS, NEVILLE  
18438 NW 9TH STREET  
PEMBROKE PINES, FL 33029 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 P  
Name LYONS, NEVILLE  
Address 18438 NW 9TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title S  
Name STEPP, GREGORY  
Address 13290 SW 16TH COURT  
City-State-Zip: DAVIE FL 33325

Title T  
Name NYAMORA, PETER  
Address 6744 SW 195TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33332

Title RECS  
Name WORTHEY, KAREN  
Address 3931 NW 194TH STREET  
City-State-Zip: MIAMI FL 33055

*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:** NEVILLE LYONS

**PRESIDENT**

**01/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date