2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2018
Secretary of State
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Entity Name: NEW LIFE APOSTOLIC TABERNACLE, INC.

Current Principal Place of Business:

342 11TH ST. NO.
ST. PETERSBURG, FL 33701

Current Mailing Address:

1019 PERSIMMON AVE
SANFORD, FL 32771 US

FEI Number: 59-3217059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOSS, THOMAS EIII
500 E ALTAMONTE DR
S-210
ALTAMONTE SPRINGS, FL 32701 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	CEOP
Name	BACON, CYNTHIA D
Address	1019 PERSIMMON AVE
City-State-Zip:	SANFORD FL 32771

Title	TRUSTEE
Name	JENKINS, COLETHA
Address	4663 14TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33711

Title	DIRECTOR
Name	BACON, MICHAEL J
Address	342 11TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	RECEIVER
Name	BURNS, SHARON L.
Address	4710 FIRST AVENUE NORTH
City-State-Zip:	ST. PETERSURG FL 33713

Title	TRUSTEE, DEACON
Name	DAVIS, JIMMY
Address	670 23RD AVE S
City-State-Zip:	ST. PETERSBURG FL 33778

Title	TRUSTEE, DIRECTOR
Name	COLE, NATALIE S
Address	2505 WEST AIRPORT BLVD.
City-State-Zip:	SANFORD FL 32771

Title	SECRETARY
Name	BACON, LASHAWNDA
Address	342 11TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33701

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: CYNTHIA D. BACON CEOP 02/22/2018

Electronic Signature of Signing Officer/Director Detail — Date