


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90034 008 \*\*\*\*70.00

**DOCUMENT # 732500**

1. Entity Name  
**THE CHURCH OF THE LIVING GOD WORLD WIDE REVIVAL CENTER, INC**



Principal Place of Business  
**2643 5TH AVE. SO.  
 ST. PETERSBURG FL 33712  
 US**

Mailing Address  
**2643 5TH AVE. SO.  
 ST. PETERSBURG FL 33712  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip: Country Zip Country

MOORE CR2E037 (11/03)

4. FEI Number **59-2949866** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**WHITE, LORRAINE  
 4141 13TH AVE S  
 SAINT PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>BUTLER, SAMUEL JR.<br>11 WEST LOGAN AVE<br>SAINT PAUL MN 55118 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WHITE, LORRAINE<br>4141 13TH AVE S<br>SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GROX, BRENDA<br>1807 PRESCOTT<br>SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>PATTERSON, NADINE<br>1234 22ND STREET SOUTH<br>SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ATD<br>MCCRAY, DEBORAH<br>1954 BYRAM DR.<br>CLEARWATER FL <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WESLEY, DORIS<br>P/O. BOX 728<br>REDICK FL <input type="checkbox"/> Delete                                |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST<br>CROSS, BRENDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1608 PRESTON AVE SO<br>ST. PETERSBURG, FL 33710 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PATTERSON, PATTEASON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>DELETE                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel Butler Jr. 4-15-04 864-3866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #