

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am -
Secretary of State

05-09-2006 90066 032 ****70.00



DOCUMENT # 732500
 1. Entity Name
THE CHURCH OF THE LIVING GOD WORLD WIDE REVIVAL CENTER, INC

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-2949866 Not Applicable

Zip Country Zip Country

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, 2006

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	PT	<input type="checkbox"/> Delete
NAME	BUTLER, SAMUEL JR.	
STREET ADDRESS	11 WEST LOGAN AVE	
CITY-ST-ZIP	SAINT PAUL MN 55118	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, LORRAINE	
STREET ADDRESS	4141 13TH AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROSS, BRENDA	
STREET ADDRESS	1608 PRESTON AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	MCCRAY, DEBORAH	
STREET ADDRESS	1954 BYRAM DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESLEY, DORIS	
STREET ADDRESS	P/O. BOX 728	
CITY-ST-ZIP	REDICK FL	
TITLE	<i>Bobby Moore Sr</i>	<input type="checkbox"/> Delete
NAME	<i>Bobby Moore Sr</i>	
STREET ADDRESS	<i>3458 - 17th Ave. So.</i>	
CITY-ST-ZIP	<i>St. Petersburg, Fla. 33711</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Manuela C. Moore</i>	
STREET ADDRESS	<i>3458 - 17th Ave. So.</i>	
CITY-ST-ZIP	<i>St. Petersburg, Fla. 33711</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Lorraine White - LORRAINE White* 4-26-06 (727) 710-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #