


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 026 ****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.
 ST. PETERSBURG FL 33712
 US** **2643 5TH AVE. SO.
 ST. PETERSBURG FL 33712
 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2949866 Not Applicable

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



1st MOORE CR2E037 (10/07)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 205 51st St. No.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROSS, BRENDA	
STREET ADDRESS	1603 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	B	<input type="checkbox"/> Delete
NAME	MOORE, BOBBY SR	
STREET ADDRESS	3458 17TH AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHEL JORD	
STREET ADDRESS	2141-13th St.	
CITY-ST-ZIP	St. Pete 33711	
TITLE	Decon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JRANIS WHITE	
STREET ADDRESS	205-51st St. No. 15	
CITY-ST-ZIP	St. Pete. Fla. 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Ann Sapp Williams	
STREET ADDRESS	1332 - St. Pete Fla.	
CITY-ST-ZIP	33713	
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 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. 5-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT

40106575

#732506

05.04.08

To whom it may concern
The Church of the living
God, is requesting of our
tax exempt papers.

If expired were asking
to know how we can acquire
one.

Respectfully pastor

Jerraine White

C.T.F.G (W.W.R.C)

Pastor Jerraine White