

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732500

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE CHURCH OF THE LIVING GOD WORLD WIDE REVIVAL CENTER, INC

Current Principal Place of Business:

2643 5TH AVE. SO.
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

2643 5TH AVE. SO.
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-2949866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BUTLER, SAMUEL JR.
Address: 11 WEST LOGAN AVE
City-St-Zip: SAINT PAUL, MN 55118

Title: P () Delete
Name: WHITE, LORRAINE
Address: 205 51TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: ST () Delete
Name: CROSS, BRENDA
Address: 1608 PRESTON AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: ATD () Delete
Name: MCCRAY, DEBORAH
Address: 1954 BYRAM DR.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: WESLEY, DORIS
Address: P/O. BOX 728
City-St-Zip: REDICK, FL

Title: B () Delete
Name: MOORE, BOBBY SR
Address: 3458 17TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRAINE WHITE

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date