2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90017 040 ****61.25

DOCUMENT # 734513

1. Entity Name

THE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
6630 CAROLINE ST MILTON FL 32570	6630 CAROLINE ST MILTON FL 32570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3375 Garcon Pt Hwy Suite, Apt. #, etc.	Same Suite, Apt. #, etc. As Above
Milton Fla City & State	City & State
32583 Zip / Country SR	Zip / Country

4. FEI Number 59-6586646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULPEPPER, KATIE 3140 OAKVIEW DR. MILTON FL 32583	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.

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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS TURNER, LISA CULPEPPER ROBINSON PT RD MILTON, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition None
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDEN, JEWELL GARCON PT RD MILTON, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition None
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CULPEPPER, DW 3140 OAKVIEW DR MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition None
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULPEPPER, KATIE 3140 OAKVIEW DR MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition None
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Katie Culpepper KATIE CULPEPPER 1/04/01 850 623-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 8508623-5455