2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90033 023 ****61.25

DOCUMENT # N04000001291

1. Entity Name
ALL GOD'S CHILDREN AND THE LIVING WORD CHURCH INC.

40013804

Principal Place of Business	Mailing Address
410-G GOVERNMENT AVENUE VALPARAISO, FL 32980	P.O. BOX 4778 FORT WALTON BEACH, FL 32549

01102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
410 E~~F~~ GOVERNMENT AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VALPARAISO, FL	City & State
Zip: 32580 Country	Zip Country

4. FEI Number 02-0572827 ☐ 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
MORGAN, MICHAEL S 5662 OLD BETHEL ROAD CRESTVIEW, FL 32536	Name: TANDY, BENJAMIN F. Street Address (P.O. Box Number is Not Acceptable): 410 ~~EF~~ GOVERNMENT AVE. City: VALPARAISO FL Zip Code: 32580

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: BENJAMIN F. TANDY — 12 JAN 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORGAN, MICHAEL S 5662 OLD BETHEL RD CRESTVIEW, FL 32536	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, RENARD 122 NE MONAHAM DR. FORT WALTON BEACH, FL 32549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, MARY 16 BLENHWIM RD. SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, YOLANDA 4718 WHITEWATER LANE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHATMAN, KATHY C. 941 POCAHONTAS DR 495 FORT WALTON BEACH, FL 32547 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPLETT, KENNETH 1614 FENWICK FORT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, EDDIE J 1325 BLUEBERRY LANE FT. WALTON BEACH, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 12 Jan 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #