2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001291 FILED ALL GOD'S CHILDREN AND THE LIVING WORD CHURCH 08 JUN 30 PM 1: 11 SECRETARY OF STATE Principal Place of Business Mailing Address 410 EFF GOVERNMENT AVE ESH TALLAHASSEE, FLORIDA P.O. BOX 4778 VALPARAISO, FL 32580 FORT WALTON BEACH, FL 32549 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03262008 Chg-NP CR2E037 (12/06) 4. FEI Number 02-0572827 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANDY, BENJAMIN F Street Address (P.O. Box Number is Not Acceptable) 410 GOVERNMENT AVE VALPARAISO, FL 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 Fiorida. I am familiar with, and accept Eddie J. STOKES 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE JOHNSON, RENARD NAME NAME 07/16/08--01016--006 **61.25 STREET ADDRESS 122 NE MONAHAM DR. STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32549 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, MARY NAME NAME STREET ADDRESS 16 BLENHWIM RD. STREET ADDRESS SHALIMAR, FL 32579 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME CHATMAN, KATHY C NAME 941 POCAHONTAS DR 95 STREET ADORESS STREET ADDRESS FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRIPLETT, KENNETH NAME STREET ADDRESS 1614 FENWICK STREET ADDRESS CITY-ST-7/P FORT WALTON BEACH, FL 32547 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STOKES, EDDIE J NAME 1325 BLUEBERRY LANE STREET ADDRESS STREET ADDRESS FT. WALTON BEACH, FL 32536 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 6-27-08 Date SIGNATURE 2

Daytime Phone #

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR