2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 24, 2005 08:00 AM DOCUMENT # N41641 1. Entity Name **Secretary of State** 1102 SOUTH TYLER STREET-CHURCH OF THE LIVING GOD OF PLANT CITY, FLORIDA, INC. Principal Place of Business Mailing Address 1102 SOUTH TYLER STREET 1102 SOUTH TYLER ST. PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3128189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, FRANK, JR. 1102 S. TYLER ST. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Due By May 1, 2005 Trust Fund Contribution, Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete THE ☐ Addition Change SMITH, FRANK, JR. U00000242567 02/25/05-80004-008 70.00 NAME 1207 S. TYLER ST. STREET ADDRESS STREET ADORESS PLANT CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition LAMPKIN, EVELYN NAME NAME 604 LINCOLN ST. STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIEREIRA, JACQUELIN NAME NAME 406 S. HOWARD ST. STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-7IP CITY-ST-ZIP TILLE ☐ Delete HILE Change ☐ Addition MAME NAME CIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST- 71P CITY-ST-ZIP THLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP

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: FRANK SMITH JR. Frank Smith a 02/17/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Option Phone #