

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N41641**  
 1. Entity Name  
 1102 SOUTH TYLER STREET-CHURCH OF THE LIVING GOD OF PLANT CITY, FLORIDA, INC.



Principal Place of Business: 1102 SOUTH TYLER STREET, PLANT CITY FL 33566, US  
 Mailing Address: % EVELYN LAMPKIN, 604 LINCOLN ST, PLANT CITY FL 33563



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number: 59-3128189  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SMITH, FRANK, JR.  
 1102 S. TYLER ST.  
 PLANT CITY FL 33566

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required with filing) DATE: \_\_\_\_\_

**FILE NOW: 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SMITH, FRANK, JR.	
STREET ADDRESS	1207 S. TYLER ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	LAMPKIN, EVELYN	
STREET ADDRESS	604 LINCOLN ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIEREIRA, JACQUELIN	
STREET ADDRESS	406 S. HOWARD ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank Smith Jr.* FRANK SMITH JR. 02/03/2008 (813) 757-7600