

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90112 001 ****61.25

DOCUMENT # 750292

1. Entity Name
THE TRUE CHURCH OF THE LIVING GOD, INC.



Principal Place of Business
**1950 N.W. 8TH STREET
POMPAÑO BEACH, FL 33069**

Mailing Address
**1950 N.W. 8TH STREET
POMPAÑO BEACH, FL 33069**

4000000



2. Principal Place of Business
815 Elizabeth Street
Suite, Apt. #, etc.

3. Mailing Address
815 Elizabeth Street
Suite, Apt. #, etc.

City & State
Waycross, GA
Zip
31501
Country

City & State
Waycross, GA
Zip
31501
Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1997356
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

BLUE, JOE, JR.
**1104 N.W. SISTRUNK BOULEVARD
FORT LAUDERDALE, FL 33311**

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 _____
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, 2006**

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
BLUE, ELDER JOE JR
1108 1/2 NW SISTRUNK BLV
FT LAUDERDALE, FL 00000.** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tiffany Blue Director
TIFFANY BLUE
1005 CARSWELL AVE.
WAYCROSS, GA. 31503** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BLUE, DIANE W
1108 1/2 NW SISTRUNK BLV
FT LAUDERDALE, FL 00000.** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HAMILTON, WILLIE
224 NW 122 AVE
CORAL SPRINGS, FL 33071** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FIELDS, CONNIE D.
991 N.W. 18TH DRIVE
FT LAUDERDALE, FL 00000.** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SACCOCIO, EILEEN
1021 NW 23 TERR
POMPAÑO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURRELL, LISA M
801 NW 8TH AVE.
POMPAÑO BEACH, FL 33069** ☐ 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: Diane W Blue DIANE W BLUE

4-19-06- 912-338-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #