2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State
07-21-2008 90027 002 ****61.25

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1. Entity Name
LOVE CENTER HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
151 TENTH STREET APALACHICOLA, FL 32320	P.O. BOX 237 APALACHICOLA, FL 32329

66015971

07162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, SHIRLEY C
148 AVENUE M
APALACHICOLA, FL 32320

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, SHIREY C
STREET ADDRESS	148 AVENUE M
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	VD
NAME	DAVIS, ROBERT L
STREET ADDRESS	214 AVENUE K
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	SD
NAME	SPEED, ELLA B
STREET ADDRESS	183 13TH STREET
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	TD
NAME	JOSEPH, ALICE D
STREET ADDRESS	243 12TH STREET
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	BEAMAN, GLADYS
STREET ADDRESS	148 AVENUE M
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	MARTIN, SHEILA
STREET ADDRESS	183 12TH STREET
CITY-ST-ZIP	APALACHICOLA, FL 32320

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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: _____ 8/12/08 850.653-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #