

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90182 036 \*\*\*\*75.00

**DOCUMENT # 740642**

1. Entity Name

**ROYAL ASSEMBLY CHURCH OF THE LIVING GOD, INC.**



Principal Place of Business

**1964 NW SISTRUNK BLVD  
FT. LAUDERDALE FL 33311  
US**

Mailing Address

**532 N.W. 20TH AVE.  
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

**1964 NW Sistrunk Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**532 NW 20th Ave**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

4. FEI Number **59-1859105**

Applied For

Not Applicable

Zip

**33311**

Country

**US**

Zip

**33311**

Country

**US**

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, L.W.  
532 NW 20TH AVE.  
FORT LAUDERDALE FL**

7. Name and Address of New Registered Agent

Name

**Williams, L.W.**

Street Address (P.O. Box Number is Not Acceptable)

**532 NW 20th Ave**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33311**

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

**L. W. Williams**

**L. W. Williams, Pastor 2/12/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>PD WILLIAMS, L.W. 1964 N.W. 6TH STREET FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GRAHAM, ROBERT 384 UTAH AVE FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GRAHAM, ALFREDA 384 UTAH AVE FORT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNETT, BERTHA 532 NW 20TH AVE. FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ABNER, LUCILLE 2931 N.W. 7TH STREET FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O RUSSELL, DOUGLAS 4341 NW 32 CT FORT LAUDERDALE FL 33319</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **L. W. Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/03**

CR2E037 (10/02)