

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001692

Entity Name: LIVINGSTON STREET CHURCH OF GOD CORP**Current Principal Place of Business:**910 W LIVINGSTON ST
ORLANDO, FL 32805**Current Mailing Address:**PO BOX 55080
ORLANDO, FL 32855 US**FEI Number:** 59-2778734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANCE, SHIRLEY
910 W LIVINGSTON ST
ORLANDO, FL 32805 US*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.***SIGNATURE:** SHIRLEY VANCE

04/03/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TRUSTEE
Name	BUTLER, VICTOR
Address	910 W LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32805

Title	TREASURER
Name	VANCE, SHIRLEY
Address	910 W LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32805

Title	OFFICER
Name	GARY, BELLENGER
Address	910 W LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32805

Title	OFFICER
Name	MILLER, DONALD
Address	910 W LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32805

Title	PASTOR
Name	PRESSLEY, DEMETRIS
Address	910 W LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32805

Title	TRUSTEE
Name	REDDICK, MICHAEL
Address	910 W. LIVINGSTON STREET
City-State-Zip:	ORLANDO FL 32805

Title	OFFICER
Name	ROBINSON, JACKIE
Address	910 W. LIVINGSTON STREET
City-State-Zip:	ORLANDO FL 32805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY VANCE**TREASURER**

04/03/2025

Electronic Signature of Signing Officer/Director Detail

Date