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

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-04-2008 90017 034 ****75.00

DOCUMENT # 704026

1. Entity Name

THE CHURCH OF THE LIVING GOD INC. OF DELRAY BEACH FLORIDA

Principal Place of Business	Mailing Address
44 SW 11TH AVENUE DELRAY BEACH FL 33444 US	305 NW 4TH AVENUE DELRAY BEACH FL 33444 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
44 S.W 11th Avenue	305 N.W 4th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Bch Florida	City & State: Delray Beach Florida
Zip: 33444 Country: US	Zip: 33444 Country: US

4. FEI Number: 65-0118537 ☐ 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
CLECKLEY, RICHARD L 305 N.W. 4TH AVENUE DELRAY BEACH FL 33444	Name: Lois Bishop Street Address (P.O. Box Number is Not Acceptable): 1322 Highpoint PL N# D Delray Bch Florida City: Delray Bch FL Zip Code: 33445

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: Richard Lee Cleckley
Signature, typed or printed name of registered agent and, if applicable, the office address. (NOTE: Business Agent signature required for certain changes) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLECKLEY, RICHARD III 1110 LANCEWOOD PLACE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLECKLEY, CLARA W 305 NW 4TH AVE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGES, G. 137 SW 11TH AVE. DELRAY BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLECKLEY, R.L. 305 NW 4TH AVE. DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Richard L. Cleckley 3/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #