2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # 704026

1. Entity Name

THE CHURCH OF THE LIVING GOD INC. OF DELRAY BEAC



Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90139 022 ****61.25

FILED

H FLORIDA

Principal Place of Business 44 SW 11TH AVENUE DELRAY BEACH FL 33444

Mailing Address 805 SW 7TH AVENUE DELRAY BEACH FL 33444

3. Mailing Address
305 NIWI 4th avenue
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0118537 Not Applicable Palm Reac \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLT, MURRY 805 SW 7TH AVENUE DELRAY BEACH FL 33444 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, the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition BALDWIN, M A NAME STREET ADDRESS 2555 DOLPHIN DR. STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE CLECKLEY, CLARA W NAME 305 NW 4TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 Delete TITLE TITLE NAME BOGES, G. NAME STREET ADDRESS 137 SW 11TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL Delete Change ☐ Addition TITLE TITLE HOLT, M. NAME NAME 805 SW 7TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELRAY 8CH FL TITLE ☐ Delete TITLE Change ☐ Addition CLECKLEY, R.L. NAME NAME 305 NW 4TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition ☐ Delete TITLE WHITE, M. NAME NAME 3012 GRACE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRONX NY** 12. Thereby certify that the information supplied with this filling 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: