2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 08:00 AM **DOCUMENT # 713867 Secretary of State** 1. Entity Name THE TRUE CHURCH OF THE LIVING GOD INC. OF JACKSONVILLE, FL. Principal Place of Business Mailing Address 1405 W STATE ST. JACKSONVILLE FL 32209 1405 W STATE ST JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-3384248 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, EDDIE L SR. 3380 SUNNYBROOK AVE., NORTH JACKSONVILLE FL 32254 Street Address (P.O. Box Number is Not Acceptable) Z_p Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be T 3 Trust Fund Contribution. Added to Fees Florida Department of State ... Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Defete TITLE Change Addition PETERSON, EDDIE L SR NAME NAME U000000034449 3380 SUNNYBROOK AVE. STREET ADDRESS STREET ADDRESS 02/05/04-80083-022 61.25 JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete DUS DAMIAN, BELL NAME MAME 11055 BACALL RD. W. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY - ST- ZIP Defete ☐ Addition TATLE ☐ Change THE LAURIE, LEE NAME NAME 2726 PARKRUS LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP CETY-ST-ZIP Delete TITLE Change ☐ Addition TITLE LEE, JAMES MAME NAME 2726 PARKRUS LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CATY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TIB:F ☐ Addition SIMMONS, GISELA NAME MAME 3781 CACTUS LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE SIMMONS, DEREK C NAME NAME 3781 CACTUS LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CRY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: Eslich-Peterson Eppie L. Peterson 2-1-04 904-384-509

changed, or on an attachment with an address, with all other like empowered.