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

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # 714722** 1. Entity Name 04-23-2004 90202 042 ****61.25 GRACE TEMPLE CHURCH OF THE LIVING GOD, INC. Principal Place of Business Mailing Address 7431 S OLD FLORAL CITY ROAD **PO BOX 243** FLORAL CITY FL 34436 FLORAL CITY FL 34436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) Applied For City & State City & State 4. FFI Number 59-6518320 Not Applicable Zio Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLAMY, LEROY PASTOR Street Address (P.O. Box Number is Not Acceptable) 402 WASHINGTON ST INVERNESS FL 34450 Zip Code City 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** DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Robert MC/LINDON DETENDE DAD Delete Addition TITLE TITLE BELLAMY, LEROY NAME NAME 402 WASHINGTON ST STREET ADDRESS STREET ADDRESS Floral Coty G. 34436 INVERNESS FL 34450 CITY-ST-ZIP CATY-ST-ZIP Vδ Delete ☐ Addition TITLE Kose McKinnon TITLE BELLAMY, KATIE M NAME NAME 8499 Old Flora City Rd 402 WASHINGTON ST. STREET ADDRESS STREET ADDRESS INVERNESS FL 34450 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete KEY, ROBERT NAME 7431 S OLD FLORAL CITY RD STREET ADDRESS STREET ADDRESS FLORAL CITY FL 34436 CITY-ST-7/P CITY-ST-7IP Julia Williams - Secretary ☐ Addition TITLE □ Defete TITLE WILLIAM, JULIA RO. Bex 594-3649 Jonah Pt. NAME NAME 3649 JONAH PL STREET ADDRESS STREET ADDRESS Inversess, FL 34451 **INVERNESS FL 34452** CITY-ST-ZIP CITY-ST-7IP Robert RICE 4 Addition ☐ Delete TITLE TITLE MCKINNON, ROBERT NAME NAME P.O. BOX1272 7431 S OLD FLORAL CITY RD STREET ADDRESS STREET ADDRESS FLORAL CITY FL 34436 CITY-ST-ZIP Ingenness. CITY-ST-7IP Varley Hashington - Gladys Washing Delete Addition Gladus Washington NAME NAME 396/ R. Scott & 1 STREET ADDRESS 396 / E. Scotty St STREET ADDRESS INVERNESS, F1 34452 CITY-ST-ZIP CITY-ST-ZIP

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Davtime Phone #

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: WWW. Limits of the composition of the co

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR