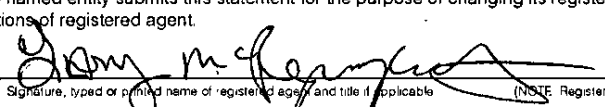
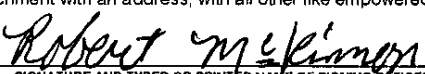


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90003 046 ****61.25

DOCUMENT # 714722 1. Entity Name GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.					
Principal Place of Business 7431 S OLD FLORAL CITY ROAD FLORAL CITY FL 34436 US			Mailing Address PO BOX 243 FLORAL CITY FL 34436 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6518320	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BELLAMY, LEROY PASTOR 402 WASHINGTON ST INVERNESS FL 34450				7. Name and Address of New Registered Agent Name Pastor LARRY McReynolds Street Address (P.O. Box Number is Not Acceptable) 850 NW 126 St. City CITRA FL Zip Code 32113	
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 05/22/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	C MCKINNON, ROBERT 8499 OLD FLORAL CITY RD. FLORAL CITY FL 34436	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert McKinnon 3499 Old Floral City Rd. Floral City FL 34436
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rose McKinnon 8499 Old Floral City Rd Floral City FL 34436	☐ Change ☐ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEY, ROBERT 7431 S OLD FLORAL CITY RD FLORAL CITY FL 34436	☐ Change ☐ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Julia Williams P.O. Box 594-3649 Jonah Pl. Inverness, FL 34451	☐ Change ☐ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEY, ROBERT R PO BOX 1272 INVERNESS FL	☐ Change ☐ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gladys Washington 3961 E. Scotty St. Inverness, FL 34452	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5-18-05 Date Daytime Phone #	