2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732270

FILED Jan 11, 2006 Secretary of State

Entity Name: LIVING HOPE COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2111 N E 36TH AVENUE 2111 N E 36TH AVENUE OCALA, FL 34470126 US OCALA, FL 344703126 US **Current Mailing Address: New Mailing Address:** 2111 N E 36TH AVENUE 2111 N E 36TH AVENUE OCALA, FL 34470126 US OCALA, FL 344703126 US FEI Number: 59-1948985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMMONS, GERALD E. 1131 SE 43RD TERRACE OCALA, FL 34471 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIMMONS, GERALD E Name: Name: 1131 SE 43RD TERRACE Address: Address: City-St-Zip: OCALA, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MATTHEWS, TRACY Name: GRENON, CAROL Name: Address: 1340 N.E. 54TH STREET Address: 1020 N.E. 30TH AVE. #105 City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34470 Title: () Delete Title: () Change () Addition BRICKEY, FRANK Name: Name: 383 SE 90TH ST Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: (X) Change () Addition Title: () Delete Title: GREENE, ANDY Name: Name: NEWKIRK, PAUL Address: P.O. BOX 366 Address: 5350 N.E. 61ST AVE. RD. City-St-Zip: ANTHONY, FL 32617 City-St-Zip: SILVER SPRINGS, FL 34488 Title: () Delete Title: (X) Change () Addition ROSENQUIST, GEORGETTA CLEMENTS, BOB Name: Name: 7921 S.W.5TH PLACE 920 N.W. 42 ND ST. Address: Address: City-St-Zip: OCALA, 34 34471 City-St-Zip: OCALA, FL 34475 Title: (X) Delete Title: () Change () Addition ANTONOVICH, JOHN Name: Name: Address: 2375 S.E. 39TH STREET Address: OCALA, FL 34480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD E. SIMMONS PD 01/11/2006