2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 740240

Entity Name: THE HOLY CHURCH OF THE LIVING GOD REVIVAL CENTER, INC.

Current Principal Place of Business:

1700 FRANCIS AVE.
ATLANTIC BEACH, FL 322334312

New Principal Place of Business:

Current Mailing Address:

1700 FRANCIS AVE.
ATLANTIC BEACH, FL 322334312

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDEN PERCY
12201 CEDAR TRACE DR SOUTH
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	BATTS, HENRY	
Address:	369 ROYAL PALM DR.	
City-St-Zip:	ATLANTIC BEACH, FL	
Title:	D	( ) Delete
Name:	GOLDEN, ROBERT	
Address:	344 CORREYDALE COURT	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VD	( ) Delete
Name:	BROWN, BRUCE	
Address:	13033 EVERETT COURT	
City-St-Zip:	JACKSONVILLE, FL	
Title:	TD	( ) Delete
Name:	WILLIAMS, MARY J	
Address:	670 SAILFISH DRIVE	
City-St-Zip:	ATLANTIC BEACH, FL	
Title:	PD	( ) Delete
Name:	GOLDEN, PERCY	
Address:	12201 CEDAR TRACE DR S	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	SD	( ) Delete
Name:	BERRY, CLARA	
Address:	12808 HARBOR SPRINGS CT	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PERCY GOLDEN PD 04/28/2005
Electronic Signature of Signing Officer or Director — Date