2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 740240

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

Principal Place of Business	Mailing Address
1700 FRANCIS AVE. ATLANTIC BEACH, FL 32233-4312	1700 FRANCIS AVE. ATLANTIC BEACH, FL 32233-4312

07212006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN PERCY
12201 CEDAR TRACE DR SOUTH
JACKSONVILLE, FL 32246

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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 PERCY GOLDEN Pastor Percy S Golden 7-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BATTS, HENRY
STREET ADDRESS	369 ROYAL PALM DR.
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	D
NAME	GOLDEN, ROBERT
STREET ADDRESS	344 CORREYDALE COURT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	BROWN, BRUCE
STREET ADDRESS	13033 EVERETT COURT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	WILLIAMS, MARY J
STREET ADDRESS	670 SAILFISH DRIVE
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	PD
NAME	GOLDEN, PERCY
STREET ADDRESS	12201 CEDAR TRACE DR S
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	SD
NAME	BERRY, CLARA
STREET ADDRESS	12808 HARBOR SPRINGS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32225

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07/28/06-80003-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Percy S Golden Percy S. Golden 7-20-06 (904)645-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #