

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753397

FILED
Jan 05, 2007
Secretary of State

Entity Name: THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH

Current Principal Place of Business:

1901 TAMARIND AVENUE (33401)
PO BOX 2514
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

OFFICE OF THE GENERAL SECRETARY
PO BOX 830384
TUSKEGEE, AL 36083 US

New Mailing Address:

FEI Number: 59-6604263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEWIS, LUKE D
1901 N. TAMARIND AVENUE (33401)
P.O. BOX 2514
WEST PALM BEACH, FL 33402 US

Name and Address of New Registered Agent:

LEWIS, LUKE D
1217 PIONEER ROAD
MANGONIA PARK, FL 33407 US

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: LUKE D. LEWIS

01/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, MEHARRY H
Address: 2301 TENITA AVENUE, P.O. BOX 830384
City-St-Zip: TUSKEGEE, AL 36083 US

Title: ST () Delete
Name: LOCKHART, GLORIA L
Address: 954 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D () Delete
Name: LEWIS, LUKE D
Address: 1901 TAMARIND AVENUE, P.O. BOX 2514
City-St-Zip: WEST PALM BEACH, FL 33402 US

Title: D () Delete
Name: GARDNER, GRACE D
Address: 2020 N.W. 24TH ROAD
City-St-Zip: OCALA, FL 34475 US

Title: D () Delete
Name: RIVERS, JAMES K
Address: 5834 HARRIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LEWIS, LUKE D
Address: P.O. BOX 2514
City-St-Zip: WEST PALM BEACH, FL 33402 US

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 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: MEHARRY H. LEWIS

DR.

01/05/2007

Electronic Signature of Signing Officer or Director

Date