


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90067 031 \*\*\*\*\*70.00

<b>DOCUMENT # 756915</b> 1. Entity Name LIVING FAITH CHURCH OF FLORIDA, INC.					
Principal Place of Business 1032 S. HARPER LAURENS, SC 29360			Mailing Address P.O. BOX 268 LAURENS, SC 29360		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2105305	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NUGENT, ROBERT 5757 66TH ST N, LOT 204 ST. PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name <u>HOPE M. MCEACHERN</u> Street Address (P.O. Box Number is Not Acceptable) <u>10014 OAKLAWAH AVE.</u> City <u>TAMPA</u> FL Zip Code <u>33617</u>	
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 <u>Hope M. McEachern</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-20-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCEACHERN, A OLIVER		NAME		
STREET ADDRESS	1032 S. HARPER		STREET ADDRESS		
CITY-ST-ZIP	LAURENS, SC 29360		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCEACHERN, JOANN		NAME		
STREET ADDRESS	1032 S. HARPERS DR		STREET ADDRESS		
CITY-ST-ZIP	LAURENS, SC 29360		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, LINDA S		NAME	1102 Pennington Rd.	
STREET ADDRESS	147 PENNINGTON RD.		STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN INN, SC 29644		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STECHER, WILLIAM N JR		NAME		
STREET ADDRESS	P.O. BOX 268		STREET ADDRESS		
CITY-ST-ZIP	LAURENS, SC 29360		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Hazel Norman	
STREET ADDRESS			STREET ADDRESS	673 Mt. Carmel Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Gray Court, SC 29645	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Rick Harris	
STREET ADDRESS			STREET ADDRESS	1102 Pennington Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Fountain Inn, SC 29644	
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: <u>Linda S. Harris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-20-04</u> Daytime Phone # <u>864-984-7090</u>		

Linda S. Harris