

2004 NON-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 760147

1. Entity Name
TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.



Principal Place of Business
P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA, FL 33950

Mailing Address
P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA, FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042003

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0199490

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, EARLENE T
527 CRANDALL ST NW
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name BEVERLY BLANDING

Street Address (P.O. Box Number is Not Acceptable)

311 CAPRI ISLES CT

City

PUNTA GORDA

FL

Zip Code

33950

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

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 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BLANDING, ALTO
STREET ADDRESS 311 CAPRI ISLES CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VD ☐ Delete
NAME BLANDING, BEVERLY
STREET ADDRESS 311 CAPRI ISLE CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SD ☐ Delete
NAME OLIVER, ERLNEEE
STREET ADDRESS 527 CRANDALL ST NW
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE T ☐ Delete
NAME HICKS, JULIA
STREET ADDRESS 433 ABURTO LANE
CITY-ST-ZIP PORT CHARLOTTE, FL 0,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #