

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0199490	Applied For ☐ Not Applicant
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANDING, BEVERLY 311 CAPRI ISLES CT. PUNTA GORDA FL 33950
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	PD BLANDING, ALTO
STREET ADDRESS	311 CAPRI ISLES CT
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	☐ Delete
NAME	VD BLANDING, BEVERLY
STREET ADDRESS	311 CAPRI ISLE CT
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	☐ Delete
NAME	SD OLIVER, ERLNEE
STREET ADDRESS	527 CRANDALL ST NW
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	☐ Delete
NAME	T HICKS, JULIA
STREET ADDRESS	433 ABURTO LAÑE
CITY-ST-ZIP	PORT CHARLOTTE, FL 0
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

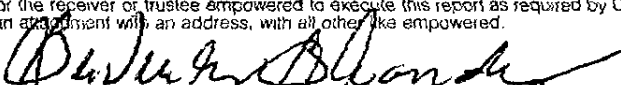
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000501078
04/05/06-80047-012 61.25**

**U00000501078
04/25/06-80047-013 61.25**

**U00000501078
04/25/06-80047-014 8.75**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

**3/4/06 941
457-7125**