2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# 760147

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

Current Principal Place of Business:

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

New Principal Place of Business:

326 E. CHARLOTTE AVE.
PUNTA GORDA, FL 33950

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0199490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANDING, BEVERLY
311 CAPRI ISLES CT.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BLANDING, ALTO,	
Address:	311 CAPRI ISLES CT	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VD	( ) Delete
Name:	BLANDING, BEVERLY,	
Address:	311 CAPRI ISLE CT	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	SD	( ) Delete
Name:	OLIVER, ERLENEE,	
Address:	527 CRANDALL ST NW	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	T	( ) Delete
Name:	HICKS, JULIA,	
Address:	433 ABURTO LANE	
City-St-Zip:	PORT CHARLOTTE, FL 0,	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALTO BLANDING PD 02/15/2007

Electronic Signature of Signing Officer or Director — Date