

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90405 001 ***140.00

DOCUMENT # 761711

1. Entity Name

**CHURCH OF THE LIVING GOD OF OUR LORD AND
SAVIOR JESUS CHRIST, INC.**



Principal Place of Business

**1750 PROSPECT ST. E.
JACKSONVILLE FL 32254**

Mailing Address

**10279 MANORVILLE DRIVE
JACKSONVILLE FL 32221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142498

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

**SIMMONS, ROOSEVELT
10279 MANORVILLE DRIVE
JACKSONVILLE FL 32221**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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
NAME SIMMONS, ROOSEVELT
STREET ADDRESS 10279 MANORVILLE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE SD
NAME SIMMONS, JACQUELINE M.
STREET ADDRESS 10279 MANORVILLE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE TD
NAME ADAMS, LEROY SR
STREET ADDRESS 1030 PENTON ST
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jacqueline M. Simmons *Jacqueline M. Simmons* 4/5/05 (904) 378-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #