2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# 766402

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

Current Principal Place of Business:

151 TENTH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 237
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-2861034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, SHIRLEY C
148 AVENUE M
APALACHICOLA, FL 32320 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: WHITE, SHIREY C
Address: 148 AVENUE M
City-St-Zip: APALACHICOLA, FL 32320

Title: VD ( ) Delete
Name: DAVIS, ROBERT L
Address: 214 AVENUE K
City-St-Zip: APALACHICOLA, FL 32320

Title: SD ( ) Delete
Name: SPEED, ELLA B
Address: 183 13TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: TD ( ) Delete
Name: JOSEPH, ALICE D
Address: 243 12TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: BEAMAN, GLADYS
Address: 148 AVENUE M
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: MARTIN, SHEILA
Address: 183 12TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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:

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 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: ROBERT L. DAVIS VD 05/24/2007

Electronic Signature of Signing Officer or Director — Date