

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2008 8:00 am
Secretary of State

07-21-2008 90027 002 ****61.25

DOCUMENT # 766402	
1. Entity Name LOVE CENTER HOLINESS CHURCH OF THE LIVING GOD, INC.	
Principal Place of Business 151 TENTH STREET APALACHICOLA, FL 32320	Mailing Address P.O. BOX 237 APALACHICOLA, FL 32329



66015971



07162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2861034	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, SHIRLEY C 148 AVENUE M APALACHICOLA, FL 32320
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**DO NOT WRITE
IN THIS SPACE**

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 site if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, SHIREY C 148 AVENUE M APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, ROBERT L 214 AVENUE K APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPEED, ELLA B 183 13TH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH, ALICE D 243 12TH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAMAN, GLADYS 148 AVENUE M APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SHEILA 183 12TH STREET APALACHICOLA, FL 32320

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 FILING OFFICER OR DIRECTOR

8/12/08 850.653-2203
Date Daytime Phone #