

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766402

FILED  
Apr 28, 2009  
Secretary of State

**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 ( )**

**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

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date