

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90005 030 \*\*\*\*65.25

|  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <b>DOCUMENT # 768842</b>   |                      |  |   |   |  |
| <b>1. Entity Name</b><br>THE NEW TESTAMENT CHURCH OF THE LIVING GOD, INC.  |                      |  |   |   |  |
| <b>Principal Place of Business</b><br>26739 YALAH A RD<br>YALAH A ROAD COU TY 23130<br>YALAH A, FL 34797 US  |                      |  | <b>Mailing Address</b><br>8606 MAIN STREET<br>YALAH A, FL 34797 US  |   |  |
| <b>2. Principal Place of Business</b><br>26739 Yalaha Rd<br>Suite, Apt. #, etc.<br>Yalaha FL   |                      | <b>3. Mailing Address</b><br>10711 S.E. 58th Ave<br>Suite, Apt. #, etc.<br>Belleview FL    |   |   |  |
| City & State<br>34797 LAKE   |                      | City & State<br>34420 Marion   |   |   |  |
| Zip<br>Country   |                      | Zip<br>Country   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WATERS, DARLENE V<br>8606 MAIN STREET<br>YALAH A, FL 34797   |                      |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b><br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>  |                      |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b>  |                      | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                      |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                      |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                      |  |   |   |  |
| TITLE  | PDS                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | GAVIN, LEE SR        |  | NAME  |   |  |
| STREET ADDRESS   | 8606 MAIN STREET     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | YALAH A, FL          |  | CITY-ST-ZIP   |   |  |
| TITLE  | MVT                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | MUNFORD, CHARLES L   |  | NAME  |   |  |
| STREET ADDRESS   | 10711 S.E. 58TH AVE. |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | BELLEVIEW, FL 34420  |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | MUNFORD, SUSIE R     |  | NAME  |   |  |
| STREET ADDRESS   | 10711 S.E. 58TH AVE. |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | BELLEVIEW, FL 34420  |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | WATERS, DARLENE V    |  | NAME  |   |  |
| STREET ADDRESS   | 8606 MAIN ST.        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | YALAH A, FL 34797    |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | WOODSON, LINDA       |  | NAME  |   |  |
| STREET ADDRESS   | 2165 N.W. 40TH ST.   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | OCALA, FL 34475      |  | CITY-ST-ZIP   |   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                      |  | NAME  |   |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP   |   |  |
| <b>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.</b> |                      |  |   |   |  |
| <b>SIGNATURE:</b> <u>Darlene V. Waters</u>   |                      |  |   | <u>6/2/05</u>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                      |  |   | <small>Date Daytime Phone #</small>                               |  |