2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 19, 2006 8:00 am Secretary of State **DCCUMENT # 768842** 1. Entity Name 05-19-2006 90024 047 ****61.25 THE NEW TESTAMENT CHURCH OF THE LIVING GOD, INC. Principal Place of Business Mailing Address 26739 YALAHA RD 10711 SE 58TH AVENUE YALAHA ROAD COUTY 23130 BELLEVIEW FL 34420 YALAHA FL 34797 err CR2E037 (10/05) 1st MOORE Applied For City & State 4. FEI Number 59-2970667 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired mariby Fee Required narior 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Darlene WATERS, DARLENE V Street Address (P.O. Box Number is Not Acceptable) 8606 MAIN STREET YALAHA FL 34797 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. the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PDS TITLE Delete THE Change : ☐ Addition GAVIN, LEE SR NAME NAME $\mathfrak{b} \, \mathfrak{D}$ STREET ADDRESS 8606 MAIN STREET STREET ADDRESS CITY - ST- ZIP YALAHA FL C!TY-S1-7/P MVT Change TITLE ☐ Delete TITLE Addition MUNFORD, CHARLES L NAME MVT STREET ADDRESS 10711 S.E. 58TH AVE. STREET ADDRESS BELLEVIEW FL 34420 CITY-ST-7IP CITY-ST-ZIP Belleview Change TITLE _ 🖸 Delate 💷 THE RoitibbA 💢 MUNFORD, SUSIE R NAME NAME STREET ADDRESS 10711 S.E. 58TH AVE. STREET ADDRESS BELLEVIEW FL 34420 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition Change WATERS, DARLENE V NAME NAME 8606 MAIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YALAHA FL 34797 CITY-S1-7IP TITLE ☐ Delete TITLE Change ☐ Addition WOODSON, LINDA NAME NAME 2165 N.W. 40TH ST. STREET ADDRESS STREET ADDRESS OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: (

FILED

5-15-06