

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

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 769276

1. Entity Name
THE HOLY CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

**CHURCH
1598 WEST 14TH ST
JACKSONVILLE, FL 32209-4869 US**

Mailing Address

**4753 WESCH BLVD
JACKSONVILLE, FL 32207**



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2892783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, IRMA
4753 WESCH BLVD
JACKSONVILLE, FL 32207**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000884165
04/17/08-80033-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINTON, HERMAN C BISHOP
STREET ADDRESS	5509 MASTER STREET
CITY-ST-ZIP	PHILDELPHIA, PA 19131
TITLE	V
NAME	HINTON, KIRK ELDER
STREET ADDRESS	412 NORTH 32ND STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19104
TITLE	T
NAME	SMITH, CHARLES
STREET ADDRESS	1427 WEST JEROME STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19140
TITLE	D
NAME	STAFFORD, SPENCER ELDER
STREET ADDRESS	4753 WESCH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	HOBBS, HARMON
STREET ADDRESS	4035 PARRISH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19104
TITLE	D
NAME	STAFFORD, IRMA
STREET ADDRESS	4753 WESCH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

**DO NOT WRITE
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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-08