

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769276

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

CHURCH
1598 WEST 14TH ST
JACKSONVILLE, FL 322094869 US

New Principal Place of Business:

Current Mailing Address:

4753 WESCH BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2892783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, IRMA
4753 WESCH BLVD
JACKSONVILLE, FL 32207 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: P () Delete
Name: HINTON, HERMAN C BISHOP
Address: 5509 MASTER STREET
City-St-Zip: PHILDELPHIA, PA 19131

Title: V () Delete
Name: HINTON, KIRK ELDER
Address: 412 NORTH 32ND STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: T () Delete
Name: SMITH, CHARLES,
Address: 1427 WEST JEROME STREET
City-St-Zip: PHILADELPHIA, PA 19140

Title: D () Delete
Name: STAFFORD, SPENCER ELDER
Address: 4753 WESCH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HOBBS, HARMON
Address: 4035 PARRISH STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: D () Delete
Name: STAFFORD, IRMA
Address: 4753 WESCH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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
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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: IRMA STAFFORD

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date