

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769345 1. Entity Name WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH, FLORIDA INC.	
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Principal Place of Business 4001 D VIRGINIA AVE. FORT PIERCE, FL 34981 US	Mailing Address P.O. BOX 7674 PORT ST. LUCIE, FL 34985 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2309279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent ROLLINS, FRANK 1020 SE LANSDOWNE AVE PORT SAINT LUCIE, FL 34983	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN, QUEEN 1110 SE LETHA CIR #3 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700109131957 09/06/07--01028--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ANNIE JOYCE 1341 CARRINGTON SE PORT ST. LUCIE, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLINS, FRANK 1020 SE LANSDOWNE AVE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Welch, Wallace 4900 Irnington Terr. Port St. Lucie, Fl. 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Welch, Wallace 4900 Irnington Terrace Port St. Lucie, Fl. 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank Rollins **Frank Rollins** 8/29/07 (772)873-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #