

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004442

FILED
Jul 23, 2007
Secretary of State

Entity Name: WORSHIPERS OF THE LIVING GOD MINISTRIES INC.

Current Principal Place of Business:

103 NW SUMMERVILLE COURT
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

103 NW SUMMERVILLE COURT
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-1230522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: D () Delete
Name: KROL, JULIE
Address: C/O 103 NW SUMMERVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DPST () Delete
Name: TOBACK, JACK
Address: 103 NW SUMMERVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: TOBACK, JACK
Address: 103 NW SUMMERVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: WILLIAMS, VALERIE
Address: C/O 103 NW SUMMERVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOBACK, MARYANN
Address: C/O 103 NW SUMMERVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Change () Addition
Name:
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: MARYANN TOBACK

D

07/23/2007

Electronic Signature of Signing Officer or Director

Date