

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90022 013 ****70.00

DOCUMENT # N00000003568

1. Entity Name

HERNANDO CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

3441 EAST OLANDER LANE
HERNANDO FL 34442

Mailing Address

HERNANDO CHURCH OF THE LIVING GOD
3441 EAST OLANDER LANE
HERNANDO FL 34442



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

47-0913284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LUCILE
3441 E. OLEANDER LN
HERNANDO FL 34442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, THEODORE N BISHOP	
STREET ADDRESS	211 C STREET	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELLAMY, MYRA	
STREET ADDRESS	2621 E STEVEN ST.	
CITY- ST- ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUCH, ALBERTA	
STREET ADDRESS	3450 E. OLEANDER LANE	
CITY- ST- ZIP	HERNANDO FL 34442	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, GLADYS M REV	
STREET ADDRESS	211 "C" STREET	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, LUCILE	
STREET ADDRESS	3441 E. OLEANDER LN.	
CITY- ST- ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing 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: *Lucile Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

352-726-3383