## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007758

Entity Name: LIVING FAITH, INC.

FILED Sep 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7401 LAWS ROAD CLERMONT, FL 34712

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 120399

CLERMONT, FL 34712 US

FEI Number: 59-3697896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

SLOAN, JAMES F MAHON, DANIEL R 7324 GÁNO RD 12603 PHILLIPS RD

GROVELAND, FL 34736 GROVELAND, FL 34736 US 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: DANIEL MAHON 09/07/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

SLOAN, JAMES MAHON, DANIEL R Name: Name: Address: 7324 GANO RD Address: 12603 PHILLIPS RD City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: () Delete Title: (X) Change ( ) Addition Name: KOON, MARY ANN Name: MAHON, SHELBY J

Address: 3311 PALMETTO PL Address: 609 MELVA AVE City-St-Zip: FT MILL, SC 29708 City-St-Zip: OCOEE, FL 34761

( ) Delete Title: Title: (X) Change ( ) Addition

KECK, PAUL Name: KOON, MARY Name: P.O.BOX 8142 3311 PALMETTO PL Address: Address: City-St-Zip: **LANDIS, NC 28088** City-St-Zip: FT MILL, SC 28708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHELBY MAHON V 09/07/2005