

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000008154

1. Entity Name
**CHURCH OF THE LIVING GOD IN PENSACOLA, C.W.F.F.,
INC.**



FILED
Jul 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
**1215 EAST BAARS STREET
PENSACOLA, FL 32503**

Mailing Address
**1215 EAST BAARS STREET
PENSACOLA, FL 32503**



07082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3458515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, RONALD L
1215 EAST BAARS STREET
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, RONALD L 1215 EAST BAARS STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOWNSEND, MATTHEW 1215 EAST BAARS STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, DETER 1215 EAST BAARS STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, GWENDOLYN 1215 EAST BAARS STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOWNSEND, LEVIDIA 1215 EAST BAARS STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLACK, FLORENCE 1215 EAST BAARS STREET PENSACOLA, FL 32503

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07/12/04-80010-024 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Florence Black Florence Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2004
Date

494-5856
Daytime Phone #