

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008154

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



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

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

DO NOT WRITE IN THIS SPACE



07182005 No Chg-NP CR2E037 (10/03)

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000374203
07/22/05-80012-008 70.00

**DO NOT WRITE
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)(f), 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 I. Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-05
Date

850-494-5974
Daytime Phone #