2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008154

FILED Mar 15, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1215 EAST BAARS STREET PENSACOLA, FL 32503 **Current Mailing Address: New Mailing Address:** 1215 EAST BAARS STREET PENSACOLA, FL 32503 FEI Number: 59-3458515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANDERS, RONALD L 1215 EAST BAARS STREET PENSACOLA, FL 32503 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANDERS, RONALD L Name: Name: 1215 EAST BAARS STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: (X) Change () Addition TOWNSEND, MATTHEW Name: MCNEIL, DESTER Name: Address: 1215 EAST BAARS STREET Address: 1215 EAST BAARS STREET City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: (X) Change () Addition MCNEIL, DESTER BLOCTON, BRUNETTA Name: Name: 1215 EAST BAARS STREET 1215 EAST BAARS STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: DT () Delete Title: () Change () Addition Name: JACKSON, GWENDOLYN Name: Address: 1215 EAST BAARS STREET Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: DT (X) Change () Addition TOWNSEND, LEVIDIA MIXON, RONALD Name: Name: 1215 EAST BAARS STREET 1215 EAST BAARS STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: () Change () Addition BLACK, FLORENCE Name: Name: Address: 1215 EAST BAARS STREET Address: PENSACOLA, FL 32503 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FLORENCE BLACK DS 03/15/2006