

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90219 003 \*\*\*\*61.25

**DOCUMENT # N01000005635**

1. Entity Name

**CORP ASSEMBLE OF GOD AND CHURCH OF LIVING GOD  
PILLAR AND GROUND OF THE TRUTH**



Principal Place of Business

8265 HOGAN RD  
JACKSONVILLE FL 32216

Mailing Address

8265 HOGAN RD  
JACKSONVILLE FL 32216

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 (10/07)

4. FEI Number

59-3750613

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

**BENTLEY, JOHN H  
8265 HOGAN RD  
JACKSONVILLE FL 32216**

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, 2008**

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 ☐ Delete  
NAME BENTLEY, JOHN H  
STREET ADDRESS 8265 HOGAN RD  
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete  
NAME BENTLEY, SUSAN  
STREET ADDRESS 8265 HOGAN RD  
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete  
NAME BRUTTON, DIANE  
STREET ADDRESS 739 GARFIELD ST  
CITY- ST- ZIP JACKSONVILLE FL 32254

TITLE ☐ Delete  
NAME BENTLEY, SAMUEL  
STREET ADDRESS 739 GARFIELD ST  
CITY- ST- ZIP JACKSONVILLE FL 32254

TITLE ☐ Delete  
NAME THURSON, TERENCE N  
STREET ADDRESS 406 E 4TH ST  
CITY- ST- ZIP JACKSONVILLE FL 32206

TITLE ☒ Delete  
NAME GADSDEN, MOODY  
STREET ADDRESS 9838 OLD BAYMEADOWS RD, SUITE 382  
CITY- ST- ZIP JACKSONVILLE FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ 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:

*[Signature]*

04/07/08