


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90102 012 ****61.25

DOCUMENT # N02000000363						
1. Entity Name FIRST HOLINESS CHURCH OF THE LIVING GOD, INC. NO.3						
Principal Place of Business 505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 <i>SEE BELOW</i>			Mailing Address P.O. BOX 210425 WEST PALM BEACH, FL 33421			
2. Principal Place of Business - No P.O. Box # 13095 OKEECHOBEE BLVD		3. Mailing Address 13095 OKEECHOBEE BLVD				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State LOXAHATCHEE, FLORIDA		City & State LOXAHATCHEE, FLA				
Zip 33470	Country U.S.A	Zip 33470	Country U.S.A	4. FEI Number 04-3601441		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
6. Name and Address of Current Registered Agent ROBINSON, AUBIN W 505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MITCHELL, HURDLEY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2243 RIDGEWOOD CIRCLE	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411			NAME	STREET ADDRESS	
TITLE SD	NAME MITCHELL, SHARON		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2243 RIDGEWOOD CIRCLE	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411			STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME WHITEHALL, LIONEL		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 152 VALENCIA STREET	CITY-ST-ZIP WEST PALM BEACH, FL 33411			STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS			NAME	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS			NAME	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Hurdley Mitchell</i>				43707 54-253-4492		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		