2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000417

Entity Name: LIVING FAITH ASSEMBLY OF GOD, INC.

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5500 E. SLIGH AVENUE TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

5500 E. SLIGH AVENUE TAMPA, FL 33617

FEI Number: 01-0598345 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:

BURLEIGH, MALCOLM P REV.

11708 SYCAMORE PLACE
TAMPA, FL 33617 US

RAY, CHERYL A
410 SILVER HILL DR.
VALRICO, FL 33594 US

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: CHERYL A. RAY 02/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

TEMPLE TERRACE, FL 33617

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TEMPLE TERRACE, FL 33617

Title: D () Delete Title: () Change () Addition

 Name:
 BURLEIGH, MALCOLM P REV.
 Name:

 Address:
 11708 SYCAMORE PLACE
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: D () Delete Title: O (X) Change () Addition Name: DAVIS, EUGENE ELDER Name: DAVIS, EUGENE ELDER

 Address:
 10688 GRAND RIVIERE DR.
 Address:
 10688 GRAND RIVIERE DR.

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

Title: D () Delete Title: O (X) Change () Addition Name: SHULER, EUGENE ELDER Name: SHULER, EUGENE ELDER Address: 7505 TERRACE RIVER DRIVE Address: 7505 TERRACE RIVER DRIVE

City-St-Zip: TAMPA, FL 33637 City-St-Zip: TAMPA, FL 33637

Title: D () Delete Title: O (X) Change () Addition
Name: FERGUSON, DIONNE DEACON Name: FERGUSON, DIONNE ELDER
Address: 6311 E. 113TH AVE. 6311 E. 113TH AVE.

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: CHERYL A. RAY RA 02/14/2008