

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000417

FILED
Apr 21, 2009
Secretary of State

Entity Name: LIVING FAITH ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

5500 E. SLIGH AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5500 E. SLIGH AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 01-0598345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RAY, CHERYL A EA
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

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURLEIGH, MALCOLM P REV.
Address: 11708 SYCAMORE PLACE
City-St-Zip: TAMPA, FL 33617

Title: O () Delete
Name: DAVIS, EUGENE ELDER
Address: 10688 GRAND RIVIERE DR.
City-St-Zip: TAMPA, FL 33647

Title: O () Delete
Name: SHULER, EUGENE ELDER
Address: 7505 TERRACE RIVER DRIVE
City-St-Zip: TAMPA, FL 33637

Title: O () Delete
Name: FERGUSON, DIONNE ELDER
Address: 6311 E. 113TH AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURLEIGH, MALCOLM P REV.
Address: 11708 SYCAMORE PLACE
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FERGUSON, DIONNE ELDER
Address: 7466 TERRACE RIVER DRIVE
City-St-Zip: TAMPA, FL 33617

Title: T () Change (X) Addition
Name: RAY, CHERYL A EA
Address: 410 SILVER HILL DRIVE
City-St-Zip: VALRICO, FL 33594

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.

SIGNATURE: REV. MALCOLM P. BURLEIGH

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date