

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 021 ****61.25

DOCUMENT # N02000000709

1. Entity Name
SPIRIT AND TRUTH CHURCH OF THE LIVING GOD, INC.



Principal Place of Business
**1270 NORTH DRIVE
N. MIAMI BEACH, FL 33179**

Mailing Address
**1270 NORTH DRIVE
N. MIAMI BEACH, FL 33179**

50037280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
03-0379587

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANSON, ALETHEA
1270 NORTH DRIVE
N. MIAMI BEACH, FL 33179**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME	TD LUTAS, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	6401 SW 195 AVE	
CITY - ST - ZIP	PEMBROKE PINES, FL 33332	
TITLE NAME	PD HANSON, ALETHEA	<input type="checkbox"/> Delete
STREET ADDRESS	1270 N. DRIVE	
CITY - ST - ZIP	N. MIAMI BEACH, FL 33179	
TITLE NAME	D THOMPSON, OLIVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2451 CENTER GATE APT 205	
CITY - ST - ZIP	MIRAMAR, FL 33025	
TITLE NAME	D HANSON, KAYANN	<input type="checkbox"/> Delete
STREET ADDRESS	701 NW 210 STREET #401	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE NAME	S JEAN-PIERRE, ROSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7606 KISMET ST.	
CITY - ST - ZIP	MIRAMAR, FL 33023	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D O'CONNOR, HENRIETTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3532 NW 176 TER	
CITY - ST - ZIP	OPA LOCKA, FL 33056	
TITLE NAME	D WHITE, WILLIAM H.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1443	
CITY - ST - ZIP	Lake Wales, FL 33859	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alethea Hanson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 306653-8435
Date Daytime Phone #