

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001519**

1. Entity Name  
**LIVING SOUL FULL BIBLE HOLINESS CHURCH, CORP.**



Principal Place of Business  
**1033 MARTIN LUTHER KING BLVD  
GREEN COVE SPRINGS, FL 32043**

Mailing Address  
**1033 MARTIN LUTHER KING BLVD  
GREEN COVE SPRINGS, FL 32043**



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0637265**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COOPER, RUBY  
457 JERI RD  
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE  
IN THIS SPACE**

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 *Ruby Cooper*

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

(NOTE: Registered Agent signature required when reinstating)

**02-01-05**

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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOPER, RUBY  
457 JERI RD  
GREEN COVE SPRINGS, FL 32043**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOPER, ROOSEVELT DEACON  
457 JERI RD  
GREEN COVE SPRINGS, FL 32043**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALKER, AMY  
4095 PIER STATION RD, EAST  
GREEN COVE SPRINGS, FL 32043**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**F  
BURNEY, DANIEL REV  
415 N PINE AVE  
GREEN COVE SPRINGS, FL 32043**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000210960  
02/02/05-80100-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-01-05**

Date

Daytime Phone #