

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

DOCUMENT # N02000001519

1. Entity Name

LIVING SOUL FULL BIBLE HOLINESS CHURCH, CORP.



03-13-2006 90260 001 ****61.25

03-13-2006 90260 002 *****8.75

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0637265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, RUBY
457 JERI RD
GREEN COVE SPRINGS FL 32043

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

3-1-06