2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001519 Mar 05, 2007 08:00 AM 1. Entity Name **Secretary of State** LIVING SOUL FULL BIBLE HOLINESS CHURCH, CORP. Principal Place of Business Mailing Address 1033 MARTIN LUTHER KING BLVD GREEN COVE SPRINGS FL 32043 1033 MARTIN LUTHER KING BLVD GREEN COVE SPRINGS FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & Stato 4. FEI Number 02-0637265 Not Applicable Zıp Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COOPER, RUBY Street Address (P.O. Box Number is Not Acceptable) 457 JERI RD **GREEN COVE SPRINGS FL 32043** 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 agont. 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 9. Election Campaign, Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MILE D ☐ Delete TITLE ☐ Change ☐ Addition COOPER, RUBY NAME NAME U00000658065 STREET ADDRESS STREET ADDRESS 457 JERI RD 03/15/07-80022-018 70.00 CITY - ST-7IP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NAME COOPER, ROOSEVELT DEACON NAME STREET ADDRESS STREET ADDRESS 457 JERI RD CITY - ST-7IP GREEN COVE SPRINGS FL 32043 CITY-S1-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME WALKER, AMY STREET ADDRESS STREET ADDRESS 4095 PIER STATION RD, EAST CUTY-S1-71P GREEN COVE SPRINGS FL 32043 CITY ST-ZIP TITLE Delete IIILE Change Addition NAME NAME BURNEY, DANIEL REV STREET ADDRESS STREET ADDRESS 415 N PINE AVE CITY-ST-792 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 TITLE ☐ Detete □ Change HILE Addition NAME ΝΑΜΓ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 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 eath; 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

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SIGNATURE: AL DANIEL BUSNEY 3-1-07 904-278-1200