

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

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90173 036 ****61.25



DOCUMENT # N02000001963

1. Entity Name
THE HOUSE OF THE LIVING GOD OF THE PALM BEACHES, INC.

Principal Place of Business: **535 - 40TH STREET WEST PALM BEACH FL 33407**
Mailing Address: **P.O. BOX 8195 WEST PALM BEACH FL**

2. Principal Place of Business: **167 Dixie Lake Rd**
3. Mailing Address: **P.O. Box 217**

Suite, Apt. #, etc.:
City & State: **Folkston Ga**

4. FEI Number: **30-0079994**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**SCOTT, SARAH N
4220 BROADWAY
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent



1st MOORE CR2E037 (10/05)

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: *Sarah N. Scott* *Sarah N. Scott* **4/13/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: SCOTT, SARAH N STREET ADDRESS: 4220 BROADWAY CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Scott Sarah N STREET ADDRESS: 167 Dixie Lake Rd CITY-ST-ZIP: Folkston Ga. 31537	
TITLE: APD NAME: SCOTT, PERCELL ELDER STREET ADDRESS: 4220 BROADWAY CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Scott Percell Elder STREET ADDRESS: 167 Dixie Lake Rd CITY-ST-ZIP: Folkston Ga. 31537	
TITLE: DS NAME: ATKIN, KATHLEEN N STREET ADDRESS: 535 40TH STREET CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Atkin, Kathleen N STREET ADDRESS: P.O. Box 217 CITY-ST-ZIP: Folkston Ga 31537	
TITLE: T NAME: HOWARD, LAKEYA L STREET ADDRESS: 535 - 40TH ST. CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Howard, Lakeya L STREET ADDRESS: P.O. Box 217 CITY-ST-ZIP: Folkston Ga 31537	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Sarah N. Scott* *Sarah N. Scott* **4/13/06** **912-496-0073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #