


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

FILED
May 03, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # N02000001963 1. Entity Name THE HOUSE OF THE LIVING GOD OF THE PALM BEACHES, INC. |  |
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|---|--|
| Principal Place of Business 167 DIXIE LAKE RD FOLKSTON GA 31537 | Mailing Address P.O. BOX 217 FOLKSTON GA 31537 |
|---|--|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | |
|------------------------------------|----------------|
| 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 | 7. Name and Address of New Registered Agent |
| SCOTT, SARAH N 4220 BROADWAY WEST PALM BEACH FL 33407 | 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.

U00000780835
05/25/07-80022-006 61.25

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | SCOTT, SARAH N |
| STREET ADDRESS | 167 DIXIE LAKE RD |
| CITY- ST- ZIP | FOLKSTON GA 31537 |
| TITLE | APD <input type="checkbox"/> Delete |
| NAME | SCOTT, PERCELL ELDER |
| STREET ADDRESS | 167 DIXIE LAKE RD |
| CITY- ST- ZIP | FOLKSTON GA 31537 |
| TITLE | DS <input type="checkbox"/> Delete |
| NAME | ATKIN, KATHLEEN N |
| STREET ADDRESS | P.O. BOX 217 |
| CITY- ST- ZIP | FOLKSTON GA 31537 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | HOWARD, LAKEYA L |
| STREET ADDRESS | P.O. BOX 217 |
| CITY- ST- ZIP | FOLKSTON GA 31537 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Pastor Sarah N. Scott* SARAH N. Scott 912-496-2113