


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003584		
1. Entity Name FAITH OUTREACH MINISTRIES CHURCH OF THE LIVING GOD, INC.		
Principal Place of Business 3409 DEWBERRY AVE PLYMOUTH, FL 32768	Mailing Address PO BOX 28 PLYMOUTH, FL 32768	



04012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3010254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, CHARLES 328 W 5TH ST APOPKA, FL 32703

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000706789
04/24/07-80048-013 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CARLTON 3360 HARRY ST APOPKA, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CLARA 328 5TH ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CAROLINE 3360 HARRY ST APOPKA, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINEY, TROY 15821 SWITCH CANE ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Caroline Williams/Caroline Williams 4-9-07 407-889-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #