

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003832

FILED
Jul 17, 2009
Secretary of State

Entity Name: CHURCH OF THE LIVING GOD IN CHRIST OF GAINESVILLE, INC.

Current Principal Place of Business:

1705 NE 5TH AVE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

2414 SE 12 TERRACE
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 03-0456810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, NAOMI
2414 S.E. 12 TERRACE
GAINESVILLE, FL 32641 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: PRESSLEY, FLOSSIE
Address: 1440 SE 41 PL
City-St-Zip: GAINESVILLE, FL 32641

Title: V () Delete
Name: HALL, NAOMI
Address: 2414 SE 12TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: JOHNSON, DIANA
Address: 21210 COUNTY RD 239
City-St-Zip: ALACHUA, FL 32658

Title: D () Delete
Name: PEOPLE, EDNA
Address: 7505 SW 63 PL
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI HALL

D

07/17/2009

Electronic Signature of Signing Officer or Director

Date