2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005774

FILED Feb 05, 2008 Secretary of State

Entity Name: CHURCH OF THE LIVING GOD BY FAITH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 3733-B W. NAVY BLVD PENSACOLA, FL 32507 US **Current Mailing Address: New Mailing Address:** P. O. BOX 398 FT WALTON BCH, FL 32549 US FEI Number: 04-3655308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, BENNIE BISHOP 135 N. AUDREY CIRCLE NW US FT WALTON BCH, FL 32548 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SEO () Change () Addition () Delete COLE, BENNIE BISHOP Name: Name: 135 N. AUDREY CIRCLE NW Address: Address: City-St-Zip: FT WALTON BCH, FL 32548 US City-St-Zip: Title: S/D () Delete Title: S/D (X) Change () Addition JONES, LINDA F EVANG. Name: NUNEZ, LINA K MN Name: Address: 1905 W. 16TH STREET Address: 661 AZELEA RD City-St-Zip: PANAMA CITY, FL 32405 US City-St-Zip: PENSACOLA, FL 32404 US Title: CFO () Delete Title: () Change () Addition COLE, QUEEN E PASTOR Name: Name: 135 N. AUDREY CIRCLE NW Address: Address: City-St-Zip: FT WALTON BCH, FL 32548 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DIXON, WILLIE G DEACON Name: DIXON, WILLIE G DN 1189 N. DEVILLIER ST 1189 N. DEVILLIER ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32501 US Title: ES/D () Delete Title: (X) Change () Addition BROOKS, WANDA L MIN. BROOKS, WANDA L MN Name: Name: 616 NORTH J STREET 616 NORTH J STREET Address: Address: City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32501 US

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: BENNIE COLE SEO 02/05/2008