

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 045 ****70.00

DOCUMENT # N02000007867

1. Entity Name

**RIGHT LIFE INTERNATIONAL CHURCH OF THE LIVING
GOD, INC.**



Principal Place of Business

**1459 W UNION ST
JACKSONVILLE FL 32209**

Mailing Address

**P O BOX 43611
JACKSONVILLE FL 32203-3611**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

02-0614488

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, WALLERIA L
420 PHELPS STREET
JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name **Walleria L. Roberts**
~~Name Correction - Walleria L. Roberts~~
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.

SIGNATURE

Walleria L. Roberts

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **BROWN, WALTER L**
STREET ADDRESS **1490 MITCHELL ST**
CITY- ST- ZIP **JACKSONVILLE FL 32209-3974**

TITLE ☐ Delete
NAME **STEPHENS, ELLA M**
STREET ADDRESS **416 SMITH ST**
CITY- ST- ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete
NAME **PICKETT, SYLVIA C**
STREET ADDRESS **6618 JUNIPER CREEK DR**
CITY- ST- ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME **BROWN, REGINALD C**
STREET ADDRESS **2712 STARDUST CT, APT. 7**
CITY- ST- ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME **LONTRAVIUS, WALKER**
STREET ADDRESS **2434 TOWNSEND BLVD**
CITY- ST- ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME **BROWN, ROSALIND D**
STREET ADDRESS **4431 RALEIGH ST**
CITY- ST- ZIP **ORLANDO FL 32811**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ 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:

Walleria L. Roberts

4-10-08

+904534-5154