

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 20, 2006  
Secretary of State**

DOCUMENT# N02000009090

**Entity Name:** THE GENERAL COUNCIL OF THE CHURCHES OF THE LIVING GOD, INC.

**Current Principal Place of Business:**

5305 OAKWAY DRIVE  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

5305 OAKWAY DRIVE  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 47-0909615      **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:**

REEVES, PERRY M  
5305 OAKWAY DRIVE  
LAKELAND, FL 33805      US

**Name and Address of New Registered Agent:**

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: PD      ( ) Delete  
Name: REEVES, PERRY M  
Address: 5305 OAKWAY DR  
City-St-Zip: LAKELAND, FL 33805

Title: SD      ( ) Delete  
Name: REEVES, KIMBERLY D  
Address: 5305 OAKWAY DR  
City-St-Zip: LAKELAND, FL 33805

Title: TD      ( ) Delete  
Name: REEVES, GLENDA G  
Address: 7421 BELLE RIVER CT  
City-St-Zip: WINTER PARK, FL 32792

Title: VPD      ( ) Delete  
Name: REEVES, LEWIS W JR  
Address: 7421 BELLE RIVER CT  
City-St-Zip: WINTER PARK, FL 32792

**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 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: PERRY M REEVES

PD

08/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date