

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2007
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 ()**

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

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date