2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000009090

1. Entity Name

THE GENERAL COUNCIL OF THE CHURCHES OF THE LIVIN G GOD, INC.

FILED Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90150 044 ****61.25

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|--|--|---|--|--|---|--|--|
| Principal Place of Business | | Mailing Address | | j | • | | |
| 5305 OAKWAY DRIVE LAKELAND FL 33805 | | 5305 OAKWAY DRIVE LAKELAND FL 33805 | | | | | |
| | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 1 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | à | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number | | | |
| Zip Country | | Zip Country | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Add | iress of New Registered Agent | | |
| | kwąy driv | | | | ress (P.O. Box Number is | Not Acceptable) | |
| Lakelani | ID FL 33809 | • | | City | | ■• 7ii | o Code |
| | | | | | | <u> </u> | |
| | named entity ions of regist | | the purpose of changing its | registered office or re | egistered agent, or both, in | the State of Florida. I am familiar | with, and accept |
| | . \ | | | · | | انداد | |
| SIGNATURE | | |) Perr | | | 7/4/03 | <u> </u> |
| | Signatura, typod | or printed name of registered agent a | nd title it applicable. (NOTI | E: Rigistered Agent signature | required when reinstating) | DATE | |
| FILE NOW: FEE IS \$61.25 9. After September 10, 2003, min will be \$236.25 | | 9. Election Can | npaign Financing | \$5.00 May Be | Make Check Pay | able to | |
| After Sept | tember 10, | 2003, min will be \$23 | 36.25 Trust Fund C | contribution. | Added to Fees | Florida Department | |
| | tember 10, | | | | Added to Fees | Florida Department | t of State |
| 10. | | OFFICERS AND DIR | ECTORS Delete 7 | ontribution. | Added to Fees | | RS IN 10 |
| 10. TITLE NAME | | OFFICERS AND DIR | ECTORS Delete 7 | 11. TITLE NAME | Added to Fees | Florida Department ES TO OFFICERS AND DIRECTO | RS IN 10 |
| 10. TITLE NAME STREET ADDRESS | PERA 530 | OFFICERS AND DIR | ECTORS Delete P | 11. TITLE NAME STREET ADDRESS | Added to Fees | Florida Department ES TO OFFICERS AND DIRECTO | RS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PERA 530! LAKE | OFFICERS AND DIR | ECTORS Delete P | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees | Florida Department ES TO OFFICERS AND DIRECTO | PRS IN 10 PRADE Addition |
| 10. TITLE NAME STREET ADDRESS | PERR 530: LAKE | OFFICERS AND DIR by M Reeve 5 OAKWAY E Land FL 33 2RLy D. Ree | ECTORS Delete P SS Delete S | 11. TITLE NAME STREET ADDRESS | Added to Fees | Florida Department ES TO OFFICERS AND DIRECTO | PRS IN 10 PRADE Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PERA 530: LAKE KIMBI 530: LAKE GLEN 7421 | OFFICERS AND DIR Y M Reeve S'OAKWAY E LAND FL 33 RELY D. Ree OAKWAYDR LAND FC-33 LAND FC-33 Belle River | ECTORS Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees | Florida Department | PRS IN 10 lange |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SICHAFURE DE OUTTIPERAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 (Resident) 7 4

263 686 30 paytime Phone #

Daytime Phone #