

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

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

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

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DOCUMENT # **N02000009090**

1. Entity Name

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



Principal Place of Business Mailing Address
5305 OAKWAY DRIVE **5305 OAKWAY DRIVE**
LAKELAND FL 33805 **LAKELAND FL 33805**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
47-0909615 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
REEVES, PERRY M
5305 OAKWAY DRIVE
LAKELAND FL 33805

7. Name and Address of New Registered Agent
Name
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: **PERRY M. REEVES** **7/4/03**
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
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PERRY M Reeves 5305 OAKWAY DR LAKELAND FL 33805	<input type="checkbox"/> Delete P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIMBERLY D. Reeves 5305 OAKWAY DR LAKELAND FL 33805	<input type="checkbox"/> Delete S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenda G. Reeves 7421 Belle River CT WINTER PARK FL 32792	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lewis W. Reeves JR. 7421 BELLE RIVER CT WINTER PARK FL 32792	<input type="checkbox"/> Delete VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PERRY M. REEVES (President)** **7/4/03** **863 686 3012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)