

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 017 ****61.25

DOCUMENT # N02000009899

1. Entity Name

LIVING TRUTH CHURCH, INCORPORATED



Principal Place of Business
**5924 SAVANNAH DRIVE
MILTON FL 32570**

Mailing Address
**5924 SAVANNAH DRIVE
MILTON FL 32570**

00040134



1st MOORE

CR2E037 (10/04)

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

59-3673914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, NORMAN
5924 SAVANNAH DRIVE
MILTON FL 32570**

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, NORMAN	
STREET ADDRESS	5924 SAVANNAH DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROPELLA, PATRICK	
STREET ADDRESS	6988 PINE BLOSSOM RD	Change Address →
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, PAT	
STREET ADDRESS	6227 HUNTERS RIDGE DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, ROBERT	
STREET ADDRESS	7037 MARTIN RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, TONY	
STREET ADDRESS	5449 BRIGHT MEADOWS RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLON, JOEL	
STREET ADDRESS	4280 CROSSWINDS	
CITY-ST-ZIP	MILTON FL 32583	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Repella, Patrick	
STREET ADDRESS	3174 Edinburgh Castle Rd	
CITY-ST-ZIP	Milton FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Norman Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05

850-983-0516