

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009899

FILED
Apr 11, 2009
Secretary of State

Entity Name: LIVING TRUTH CHURCH, INCORPORATED

Current Principal Place of Business:

4853 W SPENCEFIELD ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4853 W SPENCEFIELD ROAD
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3673914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, NORMAN
4645 HEATHERWOOD WAY
MILTON, FL 32571 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: D () Delete
Name: SULLIVAN, NORMAN
Address: 4645 HEATHERWOOD WAY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: BUTLER, PAT
Address: 6227 HUNTERS RIDGE DR
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: TURNER, ROBERT
Address: 7037 MARTIN RD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: HOLLON, JOEL
Address: 4280 CROSSWINDS
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: BENNITT, JEFFREY
Address: 6605 WOODBROOK CT
City-St-Zip: MILTON, FL 32583

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY HERRINGTON TREASURER

TREA

04/11/2009

Electronic Signature of Signing Officer or Director

Date