


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003196</b>					
1. Entity Name <b>REFORMED CHURCH OF THE LIVING GOD OF FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>5980 BECKWORTH AVENUE MULBERRY FL 33860</b>			Mailing Address <b>POST OFFICE BOX 378 BRADLEY FL 33835</b>		
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 <b>59-3220010</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SIMON, JAMES BISHOP 5980 BECKWORTH AVENUE MULBERRY FL 33860</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>SIMON, JAMES</b>		NAME		
STREET ADDRESS	<b>5880 BLACK AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PIERCE FL 33860</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>DARDEN, PERCY L</b>		NAME		
STREET ADDRESS	<b>3736 WEAVER ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WILSON NC 27893-9441</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>DARDEN, CLEO</b>		NAME		
STREET ADDRESS	<b>3736 WEAVER ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WILSON NC 27893-9441</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>STEVENSON, ROBERT L</b>		NAME		
STREET ADDRESS	<b>335 WILLIAMS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PIERCE FL 33860</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 510 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Simon

3-13-06 863-438-2