

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004867

FILED
May 17, 2007
Secretary of State

Entity Name: LIVING FAITH CHRISTIAN CENTER FLAGLER COUNTY, FLORIDA, INC.

Current Principal Place of Business:

4500 BELLE TERRE PARKWAY
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353489
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 42-1602342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ.
300 N. STATE STREET
BUNNELL, FL 32110 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: P () Delete
Name: JACKSON, ARTHUR L SR.
Address: P.O. BOX 353489
City-St-Zip: PALM COAST, FL 32135

Title: VP () Delete
Name: JACKSON, GWENDOLYN G
Address: P.O. BOX 353489
City-St-Zip: PALM COAST, FL 32135

Title: ST () Delete
Name: BISHOP, NORMAN JR
Address: 1943 S. BEECHWOOD STREET
City-St-Zip: PHILADELPHIA, PA 19145

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DEAC (X) Change () Addition
Name: BROWN, ROOSEVELT C DEAC
Address: P.O BOX 1655
City-St-Zip: BUNNELL, FL 32110

Title: DEAC () Change (X) Addition
Name: GILYARD, RAYFIELD
Address: P.O. BOX 1302
City-St-Zip: BUNNELL, FL 32110

Title: TEAC () Change (X) Addition
Name: ALVARENGA, JENNIFER
Address: 17 LLOCHIRE PATH
City-St-Zip: PALM COAST, FL 32164P

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: ARTHUR L. JACKSON SR

P

05/17/2007

Electronic Signature of Signing Officer or Director

Date