


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006880		
1. Entity Name THE LIVING GOSPEL DOT COM, INC.		

FILED  
04 APR 30 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2761 HICKORY RIDGE RD. TALLAHASSEE, FL 32304	Mailing Address 2761 HICKORY RIDGE RD. TALLAHASSEE, FL 32304
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2. Principal Place of Business 1699 APALACHEE PARKWAY Suite, Apt. #, etc. PMB 541W City & State TALLAHASSEE, FL Zip 32301-3007 Country	3. Mailing Address 1699 APALACHEE PARKWAY Suite, Apt. #, etc. PMB 541W City & State TALLAHASSEE, FL Zip 32301-3007 Country
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04302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent WALKER, RONALD K 2761 HICKORY RIDGE RD. TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name <del>CHERYL WALKER</del> RONALD K. WALKER Street Address (P.O. Box Number is Not Acceptable) 1320 ELBERTA DR City TALLAHASSEE FL Zip Code 32301	
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4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 <i>Ronald K. Walker</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/30/04 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAY, LESLIE 1320 ELBERTA DR. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES COLEMAN 1500 CENTERVILLE RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALKER, RONALD K 2761 HICKORY RIDGE RD. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER ELDER ROBERT C. WILLIAMS 1811 OXFORD AVE ST. LOUIS, MO 63136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, RONALD K 2761 HICKORY RIDGE RD. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDER CHESTER BROWN 671 CHARLES CROSS ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, CHERYL 1811 OXFORD AVE. ST. LOUIS, MO 63136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000036073970 05/11/04--01096--001 **211.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, OLIVIA 2505 HELENE DR. TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	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"/> Delete	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: <i>Ronald K. Walker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/30/04 DAYTIME PHONE # 850-439-4630