




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90188 036 ****61.25

DOCUMENT # N03000008425 1. Entity Name LIVING FAITH COMMUNITY CHURCH OF DELTONA, INC.																													
Principal Place of Business 2515 WALKERTOWN AVE DELTONA, FL 32725			Mailing Address 2515 WALKERTOWN AVE DELTONA, FL 32725																										
2. Principal Place of Business 840 Deltona Blvd Suite, Apt. #, etc. Unit 72 City & State Deltona, FL Zip 32725 Country Volusia		3. Mailing Address 840 Deltona Blvd Suite, Apt. #, etc. Unit 72 City & State Deltona, FL Zip 32725 Country Volusia																											
01072004 Chg-NP CR2E037 (10/03)				4. FEI Number 83-0372089																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent CRUMB, STANLEY REV 2515 WALKERTOWN AVE DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
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																													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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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:  Rodney K. Matteson 4/30/04 407-921-9317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													