

ANNUAL REPORT (AR)

DOCUMENT # N03491

1. Entity Name

CHURCH OF THE LIVING GOD HOLY TABERNACLE,
INCORPORATED.



FILED
Feb 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

2518 N T ST
PENSACOLA FL 32503

Mailing Address

1101 EAST TUNIS STREET
PENSACOLA FL 32503

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

59-2429753

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, WILMER H.
130 E. GOVERNMENT ST
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDSEY, FRED A.	
STREET ADDRESS	1101 E. TUNIS ST	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDSEY, DELLA L.	
STREET ADDRESS	1101 E. TUNIS ST	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARSHALL, HATTIE	
STREET ADDRESS	115 E. ESCALONA AVE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, GEORGE	
STREET ADDRESS	3602 N. 9TH AVE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1101000243818	
STREET ADDRESS	02/25/05-80058-006 70.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Della L. Lindsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05 8504335209

Date

Daytime Phone #