

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

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 041 \*\*\*\*70.00

**DOCUMENT # N03491**

1. Entity Name

**CHURCH OF THE LIVING GOD HOLY TABERNACLE,  
INCORPORATED.**



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

**600 EAST CROSS ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

City & State

Zip

**32503**

Country

**ESCAMBIA**

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

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

7. Name and Address of New Registered Agent

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, 2006**

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 ☐ Delete  
NAME LINDSEY, FRED A.  
STREET ADDRESS 1101 E. TUNIS ST  
CITY-ST-ZIP PENSACOLA FL

TITLE SD ☐ Delete  
NAME LINDSEY, DELLA L.  
STREET ADDRESS 1101 E. TUNIS ST  
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Delete  
NAME MARSHALL, HATTIE  
STREET ADDRESS 115 E. ESCALONA AVE  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
NAME BUCHANAN, GEORGE  
STREET ADDRESS 3602 N. 9TH AVE  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Della L. Lindsey* DELLA L. LINDSEY

3/1/06