

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90045 026 \*\*\*\*70.00

<b>DOCUMENT # N04000004329</b> 1. Entity Name <b>RADIANT LIVING WORSHIP CENTER, INC.</b>					
Principal Place of Business <b>661 NW 53RD ST. BOCA RATON, FL 33487</b>			Mailing Address <b>940 LEXINGTON RD. ROCKLEDGE, FL 32955</b>		
2. Principal Place of Business <b>1950 Glades Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 305</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		City & State <b>Deerfield Beach, FL</b> Zip <b>33441</b>		4. FEI Number <b>20-1659841</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PELT, ANTHONY T 940 LEXINGTON RD. ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent Name <b>Anthony T. Pelit</b> Street Address (P.O. Box Number is Not Acceptable) <b>305 NW 17th Terrace</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33069</b>	
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  DATE <b>4-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELT, ANTHONY T 940 LEXINGTON RD. ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Senior Pastor Anthony T. Pelit 305 NW 17th Terrace Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELT, MILLICENT 940 LEXINGTON RD. ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Administrative Assistant Millicent Pelit 305 NW 17th Terrace Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POOLE, DEAN 621 SW 10TH CT. DEERFIELD BCH, FL 33441	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Tracy Haynie 609 NW 1st Way Deerfield Bch, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, LATONYA 760 SE 2ND AVE., C-202 DEERFIELD BCH, FL 33441	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Frederick Haynie Jr. / Board Member 609 NW 1st Way Deerfield Bch, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Angela Mooren 804 N.W. 7th COURT Deerfield Bch, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE 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:				Date <b>4-11-05 (954) 531-0260</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					