



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 012 ****61.25

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|---|---|--|--|---|--|
| DOCUMENT # N04000004329 1. Entity Name RADIANT LIVING WORSHIP CENTER, INC. | | | |  | |
| Principal Place of Business 1950 GLADES RD BOCA RATON, FL 33431 | | | Mailing Address P.O. BOX 305 DEERFIELD BEACH, FL 33441 | | |
| 2. Principal Place of Business 49 S. Dixie Highway | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05152006 Chg-NP CR2E037 (4/06) | |
| City & State Deerfield Bch, FL | | City & State | | 4. FEI Number 20-1659841 | |
| Zip 33441 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PELT, ANTHONY T 305 NW 17TH TERRACE POMPANO BEACH, FL 33069 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD PELT, ANTHONY T 305 NW 17 TERRACE POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAA PELT, MILLICENT 305 NW 17 TERRACE POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | | | |
| 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 | SD BEASLEY, LATONYA 760 SE 2ND AVE., C-202 DEERFIELD BCH, FL 33441 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM HAYNIC, TRACEY Haynie, Tracy 609 NW 1ST WAY DEERFIELD BEACH, FL 33441 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM HAYNIE, FREDERICK JR 609 NW 1ST WAY DEERFIELD BEACH, FL 33441 | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board Member Angela Moorer Deerfield Bch, FL | | | | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 5-16-06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |