

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90190 035 \*\*\*\*70.00

**DOCUMENT # N05000005909**

1. Entity Name  
**HOLINESS CHURCH OF THE LIVING GOD THE PILLAR  
AND GROUND OF THE TRUTH, INC.**



Principal Place of Business  
**2707 BONGART RD  
WINTER PARK, FL 32792**

Mailing Address  
**2707 BONGART RD  
WINTER PARK, FL 32792**

40066640



2. Principal Place of Business  
**1442 State Route 436**

3. Mailing Address  
**1442 St Rt 436**

Suite, Apt. #, etc.  
**Suite 1008**

Suite, Apt. #, etc.  
**Suite 1008**

01062006 Chg-NP CR2E037 (11/05)

City & State  
**Casselberry, Florida**

City & State  
**Casselberry, Florida**

4. FEI Number  
**FIN 20-3090087**

Applied For  
Not Applicable

Zip  
**32707**

Country  
**USA**

Zip  
**32707**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OKWUOHA, GOLD  
2707 BONGART RD  
WINTER PARK, FL 32792**

**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

**Filing 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	D	<input type="checkbox"/> Delete
NAME	OKWUOHA, ANTHONY	
STREET ADDRESS	2707 BONGART RD	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	OKWUOHA, GOLD N	
STREET ADDRESS	2707 BONGART RD	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CARL B	
STREET ADDRESS	2707 BONGART RD	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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
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STREET ADDRESS	
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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 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:**

**GOLD OKWUOHA**

**4/24/06**

**407-657-8674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #