

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010759

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: LIVING GOD WORSHIP CENTER INC.

## Current Principal Place of Business:

1120 SW PAAR AVE.  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

1120 SW PAAR AVE.  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

FEI Number: 22-3917208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RENLU SAINT-LOUIS CONSELLOR  
349 SE RON RICO TER.  
PORT-SAINT-LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SENA, JOSEPH  
Address: 1438 SW MEDINA AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: EUGENE, NESLIE  
Address: 1849 SW STARMAN AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S ( ) Delete  
Name: ADONIS, MAGDALENE  
Address: 1849 SW STARMAN AVE.  
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: V ( ) Delete  
Name: MEHU, RALPH  
Address: 1453 SW BARGELLO AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T ( ) Delete  
Name: SAINT-FLEUR, ELIE  
Address: 349 SW MILLARD AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: SENA, JOSEPH  
Address: 1438 SW MEDINA AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P (X) Change ( ) Addition  
Name: REV. SEIDE, EMMANUEL J  
Address: 14 GLEN ROAD .  
City-St-Zip: WEST HEMPSTEAD, NY 11552

Title: C (X) Change ( ) Addition  
Name: ADONIS, MAGDALENE  
Address: 1849 SW STARMAN AVE.  
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: T (X) Change ( ) Addition  
Name: MEHU, RALPH  
Address: 1453 SW BARGELLO AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: C (X) Change ( ) Addition  
Name: SAINT-FLEUR, ELIE  
Address: 349 SW MILLARD AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Change (X) Addition  
Name: CHARLES, MICHAEL  
Address: 671 SW MCCOMB AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. SEIDE, EMMANUEL J.

P

02/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date