

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010759

FILED
Apr 04, 2009
Secretary of State

Entity Name: LIVING GOD WORSHIP CENTER, INC.

Current Principal Place of Business:

550 UNIVERSITY BLVD
PORT ST. LUCIE, FL 34982

New Principal Place of Business:

Current Mailing Address:

550 UNIVERSITY BLVD
PORT ST. LUCIE, FL 34982

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:

SENA, JOSEPH
1438 S.W. MEDINA AVENUE
PORT SAINT LUCIE, FL 34953 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: S () Delete
Name: ADONIS, MAGDALENE
Address: 1849 SW STARMAN AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953

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

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

Title: C () Delete
Name: RENUK SAINT-LOUIS, CONSELLOR
Address: 349 SE RON RICO TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: RENELUC SAINT-LOUIS, CONSELLOR
Address: 349 SE RON RICO TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: JOSEPH SENA

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date