

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-24-2008 9014 049 61

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL - / AM 10:09

DOCUMENT # N07000008835

1. Entity Name
THE LIVELY EPISTLES OF GOD IN CHRIST CHURCH
AND MINISTRIES, INC.



Principal Place of Business
122-A NE 42ND PLACE
GAINESVILLE, FL 32609

Mailing Address
122-A NE 42ND PLACE
GAINESVILLE, FL 32609

2. Principal Place of Business - No P.O. Box #
Same as above.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06162008

Chg-NP

CR2E037 (12/06)

4. FEI Number

85-8014804831 C-2

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STYLES, CHARLES
122-A NE 42ND PLACE
GAINESVILLE, FL 32609

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

Elder Styles, Charles

6/25/08

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 September 12, 2008

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 ☐ Delete
NAME STYLES, CHARLES ELDER
STREET ADDRESS 122-A NE 42ND PLACE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete
NAME STYLES, ANGELA ELDER
STREET ADDRESS 122-A NE 42ND PLACE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete
NAME HENDERSOME, GEREMINE
STREET ADDRESS 1370 NE 39TH AVE APT 104
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete
NAME HENDERSON, MONICA
STREET ADDRESS 5921 NW 25TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elder, Charles Styles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/08 33 87283

Date

Daytime Phone #