

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# N07000008835

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

Current Principal Place of Business:

122-A NE 42ND PLACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

122-A NE 42ND PLACE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 85-8014804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STYLES, CHARLES
122-A NE 42ND PLACE
GAINESVILLE, FL 32609 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: D () Delete
Name: STYLES, CHARLES ELDER
Address: 122-A NE 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: STYLES, ANGELA ELDER
Address: 122-A NE 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: HENDERSOME, GEREMINE
Address: 1370 NE 39TH AVE APT 104
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: HENDERSON, MONICA
Address: 5921 NW 25TH TERR
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHARLES STYLES

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date