

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90006 001 ****61.25

09-08-2008 90006 002 *****8.75

66016378



DOCUMENT # N07000009481 1. Entity Name BOOK OF ETERNAL LIFE CHURCH OF GOD, INC.					
Principal Place of Business 2541 RADFORD AVE ORLANDO, FL 32818			Mailing Address 2541 RADFORD AVE ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				09032008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DAVIS, CLARENCE V 2541 RADFORD AVE ORLANDO, FL 32818			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, CLARENCE V		NAME		
STREET ADDRESS	2541 RADFORD AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARY		NAME		
STREET ADDRESS	4016 WENDY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	STT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DORIS M		NAME		
STREET ADDRESS	2541 RADFORD AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Doris M. Davis</i> / <i>Doris M. Davis</i> / <i>STT</i> / <i>09/04/2008</i> / <i>401-523-0260</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

66016378

J07 00000948/

Form **SS-4**

Application for Employer Identification Number

OMB No. 1545-0003

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Book of Eternal Life Church of God, Inc.</u>	
	2 Trade name of business (if different from name on line 1) <u>Book of Eternal Life Church of God</u>	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>2541 Radford Avenue</u>	5a Street/address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <u>Orlando FL 32818</u>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <u>Orange Ct./Florida</u>	
	7a Name of principal officer, general partner, grantor, owner, or trustee <u>Clarence V. Davis</u>	7b SSN, ITIN, or EIN <u>579-30-2097</u>
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) <u>57</u> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input checked="" type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated <u>Orlando</u>		State <u>FL</u> Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <u>Accounting</u> <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions. <u>August 5, 2007</u>		12 Closing month of accounting year <u>December</u>
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural Household Other <u>0</u>		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <u>Church</u>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>Church Services</u>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>2 Called, Never a received form.</u>		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Doris M. Davis STT

Signature ▶ Doris M. Davis Date ▶ 09/04/08

Applicant's telephone number (include area code) (407) 523-0260

Applicant's fax number (include area code) (407) 296-4184