


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 024 ****75.00

DOCUMENT # N17084
 1. Entity Name
CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.



Principal Place of Business
560 ORTIZ AVE
1
FT MEYERS FL 33905

Mailing Address
3907 SW 20TH STREET
LEHIGH FL 33971



1st MOORE CR2E037 (10/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 City & State

4. FEI Number
41-0601155

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHIELD, REV. CHARLES L.
3907 20TH ST
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	SHIELDS, CHARLES L.	
STREET ADDRESS	3907- 20TH ST	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, KATHERINE	
STREET ADDRESS	3907-20 ST	
CITY-ST-ZIP	LEHIGH ACRES FL <i>Chance</i>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, SHERMAN L.	
STREET ADDRESS	MANGO ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWARD, PATRICIA ANN	
STREET ADDRESS	MANGO ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, BILLY D	
STREET ADDRESS	4413 5TH ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33971-1101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Shields, Charles L</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Blenda Well</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sherman L Howard</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Patricia A. Howard</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Billy D J</i>	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bishop & Pontons (Charles L Shield)* 5/14/06, 229-318,5355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #