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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N17084</b>			
1. Entity Name <b>CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.</b>			
Principal Place of Business 560 ORTIZ AVE 1 FT MEYERS, FL 33905		Mailing Address 3907 5th Street LEHIGH, FL 33971	
2. Principal Place of Business - No P.O. Box # <b>4546 PALM BEACH</b> Suits, Apt. #, etc. <b>BLVD.</b>		3. Mailing Address <b>814 GERALD AVE.</b> Suits, Apt. #, etc.	
City & State <b>FT MEYERS, FL</b>		City & State <b>LEHIGH ACRES, FL</b>	
Zip <b>33905</b>		Zip <b>33936</b>	
County		County	
4. FEI Number <b>41-0801155</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>SHIELD, REV. CHARLES L.</b> <del>3907 5th Street</del> <b>814 GERALD AVE</b> <b>LEHIGH ACRES, FL 33971</b> <b>33936</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
9. 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: <i>Rev. Charles L. Shields</i>		DATE: <i>07/23/08</i>	
Filing Fee is \$61.25 Due by September 12, 2008		11. 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			
TITLE	PD SHIELDS, CHARLES P.D. <input type="checkbox"/> Delete	TITLE	Charles L. Shields <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, CHARLES	NAME	Charles L. Shields
STREET ADDRESS	<del>3907 5th Street</del> 814 GERALD AVE	STREET ADDRESS	814 Gerald Ave Lehigh, FL
CITY-STATE-ZIP	LEHIGH ACRES, FL 33936	CITY-STATE-ZIP	LEHIGH, FL 33936
TITLE	VD WILL, GLENDA <input type="checkbox"/> Delete	TITLE	VD Charles Shields <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILL, GLENDA	NAME	Charles Shields
STREET ADDRESS	3907-20 ST	STREET ADDRESS	814 GERALD AVE
CITY-STATE-ZIP	LEHIGH ACRES, FL	CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
TITLE	SD HOWARD, PATRICIA <input type="checkbox"/> Delete	TITLE	SD Jessewell D Shields <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, PATRICIA	NAME	Jessewell D Shields
STREET ADDRESS	MANGO ST	STREET ADDRESS	Lehigh Acres, FL 33936
CITY-STATE-ZIP	FT. MEYERS, FL	CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
TITLE	TD THOMAS, BILLY D <input type="checkbox"/> Delete	TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BILLY D	NAME	SAME
STREET ADDRESS	4413 5TH ST	STREET ADDRESS	SAME
CITY-STATE-ZIP	LEHIGH ACRES, FL 339711101	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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>Rev. Charles L. Shields</i>		Date: _____	

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