2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2007 8:00 am DOCUMENT # N38741 **Secretary of State** 1. Entity Name 02-13-2007 90047 004 ****70.00 ELSIE HARVEY MEMORIAL-CHURCH OF THE LIVING GOD OF BRADENTON, FLORIDA, INC. Principal Place of Business Mailing Address 508 29TH ST. E. PALMETTO FL 34221 1015-7TH CT W **BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2357979 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EEN, Roderick ddress (P.O. Box Number is Not Acceptable) WEST SIMS, HERMAN 508 29TH ST. E. PALMETTO FL 34221 NO.7205 Zip Code BRADENTON 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete ШЦ THE GREEN, RODRICK D. Strange LAND 210-380 Street West, No.7205 210-380 Street West, No.7205 NAME SIMS, HERMAN NAM STREET ADDRESS STREET ADDRESS 508 29TH ST. E. CITY ST ZIP CUTY ST ZIP PALMETTO FL TITLE ☐ Delete TITLE ☐ Addition NAME GREEN, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 699 HABEN BLVD APT 202 CITY ST 712 PALMETTO FL 34221 CHY SEZIP TITLE ST ☐ Delete HILL Change Addition NAME NAME SIMS, LOIS I. Saffe LADDAY-58 STREET ADDRESS 508 29TH ST. EAST CHY-SI-ZIP CITY ST-7IP PALMETTO FL ☐ Defete DILE ISTLE ☐ Change Addition NAME NAM BATSON, CAROLINA E STREET ADDRESS STREET ADDRESS 206 -17TH STREET E. CHY ST ZIP CITY ST 7IP **BRADENTON FL 34208** Delete Addition THIII Change NAMI NAME STREET LADDRESS STREET ADORESS CHY ST 7IP CHY ST-7P HILE ☐ Defete THEF Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY ST-7P 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 early; 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Data

Data

Data

Direct Phone #

FILED