2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# N40168

Entity Name: GRACE AND TRUTH TEMPLE OF THE LIVING GOD CHURCH, INC.

Current Principal Place of Business:

933 ARDMORE STREET
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

933 ARDMORE STREET
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-3035419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, EUGENE M.
925 TURTLE CREEK DR., N.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

JOHNSON, EUGENE M
925 TURTLE CREEK DR., N.
JACKSONVILLE, FL 32218 US

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: EUGENE M. JOHNSON 05/11/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TR ( ) Delete
Name: JOHNSON, ERVIN E
Address: 10970 LEM TURNER #410
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS ( ) Delete
Name: JOHNSON, DORETHA Y.,
Address: 925 TURTLE CREEK DR.,N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST ( ) Delete
Name: JOHNSON, QULANA T
Address: 845 POYDRAS LONE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR ( ) Delete
Name: JOHNSON, DARRYL L
Address: 925 TURTLE CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD ( ) Delete
Name: JOHNSON, EUGENE M
Address: 925 TURTLE CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR ( ) Delete
Name: JOHNSON, APREL Y
Address: 925 TURTLE CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: EUGENE M. JOHNSON PD 05/11/2007
Electronic Signature of Signing Officer or Director Date