

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N40168

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



Principal Place of Business
**933 ARDMORE STREET
JACKSONVILLE, FL 32208 US**

Mailing Address
**933 ARDMORE STREET
JACKSONVILLE, FL 32208 US**



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3035419	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, ERVIN E 10970 LEM TURNER #410 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, DORETHA Y. 925 TURTLE CREEK DR., N. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, QULANA T 845 POYDRAS LONE N JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, DARRYL L 925 TURTLE CREEK DR N JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, EUGENE M 925 TURTLE CREEK DR N JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, APREL Y 925 TURTLE CREEK DR N JACKSONVILLE, FL 32218

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02/21/08-80080-008 70.00

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IN THIS SPACE**

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: *Bishop, Eugene M Johnson / Bishop Eugene M. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/08 904-343-7206