

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90678 033 ****75.00

DOCUMENT # N40180

1. Entity Name

THE CHURCH OF THE LIVING GOD THE PILLAR AND
GROUND OF THE TRUTH FOR ALL PEOPLE



Principal Place of Business

DAYCARE
2100 BARKER BLVD
FORT MYERS FL 33916
US

Mailing Address

DAYCARE
2100 BARKER BLVD
FORT MYERS FL 33916
US

2. Principal Place of Business

Daycare
Suite, Apt. #, etc.
2100 Barker Blvd.

City & State
Fort Myers fla, Lee

Zip
33916

Country
Lee

3. Mailing Address

Daycare
2100 Barker Blvd

Suite, Apt. #, etc.
Fort Myers fla

City & State
33916 Lee

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0223901

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, OSSIE L.
2100 BARKER BLVD
FT MYERS FL 33916

7. Name and Address of New Registered Agent

Name *Ossie Lee Boles*
Street Address (P.O. Box Number is Not Acceptable)
2100 Barker Blvd

City *Fort Myers*

State *fla.*

FL

Zip Code

33916

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 *Ossie Lee Boles* *Ossie Lee Boles*

4-8-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 *D* ☒ Delete
NAME BOLES, NIMROD
STREET ADDRESS 2100 BARKER BLVD
CITY-ST-ZIP FT MYERS FL

TITLE *D* ☐ Delete
NAME BOLES, OSSIE L.
STREET ADDRESS 2100 BARKER BLVD
CITY-ST-ZIP FT MYERS FL

TITLE *D* ☐ Delete
NAME GAVIN, WILLIE L.
STREET ADDRESS 2100 BARKER BLVD.
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Minister - Director* ☐ Change ☒ Addition
NAME *Willie L. Gavin*
STREET ADDRESS *2100 Barker Blvd*
CITY-ST-ZIP *Fort Myers fla. 33916*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ossie Lee Boles* *Ossie Lee Boles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie L. Gavin

Date *4-8-2004* Daytime Phone #

(239) 337-0039