


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90084 001 \*\*\*\*61.25  
04-07-2005 90084 002 \*\*\*\*\*5.00  
04-07-2005 90084 003 \*\*\*\*\*8.75

<b>DOCUMENT # N40180</b>	
<b>1. Entity Name</b>	
THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH FOR ALL PEOPLE	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
DAYCARE 2100 BARKER BLVD FORT MYERS FL 33916 US	DAYCARE 2100 BARKER BLVD FORT MYERS FL 33916 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Daycare Suite, Apt. #, etc. 2100 Barker Blvd.	2100 Barker Blvd. Suite, Apt. #, etc. Daycare Fort Myers fl
City & State Fort Myers fl	City & State 2100 Barker Blvd
Zip 33916	Zip 33916
Country Lee	Country Lee



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>	<b>Applied For</b>
65-0223901	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
BOLES, OSSIE L. 2100 BARKER BLVD FT MYERS FL 33916	
<b>7. Name and Address of New Registered Agent</b>	
Name: Ossie Lee Boles	
Street Address (P.O. Box Number is Not Acceptable)	
2100 Barker Blvd.	
City: Fort Myers	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 - no change 4-2-2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD GAINES, WILLIE L. 2100 BARKER BLVD FORT MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLES, OSSIE L. 2100 BARKER BLVD FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAVIN, WILLIE L. 2100 BARKER BLVD. FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Minister Willie L. Gavin WILLIE L. GAVIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #