## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Apr 13, 2006 8:00 am Secretary of State . ANNUAL REPORT (AR) DOCUMENT # N40180 1. Entity Name 04-13-2006 90558 001 \*\*\*\*\*5.00 THE CHURCH OF THE LIVING GOD THE PILLAR AND 04-13-2006 90558 002 \*\*\*\*\*8.75 GROUND OF THE TRUTH FOR ALL PEOPLE 04-13-2006 90558 003 \*\*\*\*61.25 Principal Place of Business Mailing Address DAYCARE 2100 BARKER BLVD. FORT MYERS FL 33916 DAYCARE 2100 BARKER BLVD. FORT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address/ 2100 Barker Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 65-0223901 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired € 6 33977 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLES, OSSIE L. (P.O. Box Number is Not Acceptable) 2100 BARKER BLVD. FORT MYERS FL 33916 3391 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 (NOTE: Registered Agent signaliste required when reinstating) 4-3- 2000l 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, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MD Delete Willie L Dariso Pastor 2100 Barber Bld Pastor GAINES, WILLIE L HAME NAME 2100 BARKER BLVD STREET ADDRESS STREET ADDRESS Triners Cla. 33916 CITY - ST - ZIP FORT MYERS FL 33916 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BOLES, OSSIE L. NAME NAME STREET ADDRESS 2100 BARKER BLVD STREET ADDRESS Fait mus 16 33916 FT MYERS FL CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GAVIN, WILLIE L NAME MAME STREET ADDRESS 2100 BARKER BLVD. STREET ADDRESS CITY-ST-7LP FT. MYERS FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS

12. Thereby 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 sur of the corporation or the rece ental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director instee empowered to yee dute 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 attach ke empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-SI-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition