


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90300 001 ****61.25
05-04-2007 90300 002 *****5.00
05-04-2007 90300 003 *****8.75

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		Mailing Address DAYCARE 2100 BARKER BLVD. FORT MYERS FL 33916	
2. Principal Place of Business - No P.O. Box # <i>Daycare</i> Suite, Apt. #, etc. 2100 Barker Blvd.		3. Mailing Address <i>Daycare</i> Suite, Apt. #, etc. 2100 Barker Blvd.	
City & State <i>Fort Myers, Fla.</i>		City & State <i>Fort Myers, Fla.</i>	
Zip 33916	Country <i>Lee</i>	Zip 33916	Country <i>Lee</i>



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0223901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLES, OSSIE L. 2100 BARKER BLVD. FORT MYERS FL 33916		7. Name and Address of New Registered Agent Name <i>Ossie Lee Boles</i> Street Address (P.O. Box Number is Not Acceptable) <i>2100 Barker Blvd</i> City <i>Fort Myers Fla.</i> FL Zip Code <i>33916</i>	

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* 4-21-2007
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, 2007**

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		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
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
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 exemptions contained in Section 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: *Minister Willie Lee Gavin pastor* 4-21-2007-2391337-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #