

FILED
Apr 09, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N43949 1. Entity Name JOSEPHINE STREET-CHURCH OF THE LIVING GOD OF BROOKSVILLE, INC.	
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Principal Place of Business 918 JOSEPHINE ST BROOKSVILLE, FL 34601	Mailing Address P.O. BOX 1504 BROOKSVILLE, FL 34605
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04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2873867	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VANLOW, RALPH E
918 JOSEPHINE ST
BROOKSVILLE, FL 34601

**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

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04/22/08-80054-013 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIE JR. 11397 SHADY REST CT. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, DANIEL 1102 S. MAIN ST. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DORIS P.O. BOX 398 N/A SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BENNETT, ERMA PO BOX 1504 BROOKSVILLE, FL 34605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Daniel L. Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2008 352 799-8509
Date Daytime Phone #