


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 014 \*\*\*\*70.00

<b>DOCUMENT # N47347</b>					
1. Entity Name TRUE VISION IN CHRIST CHURCH OF THE LIVING GOD, INC.					
Principal Place of Business 1704 MERCY DRIVE ORLANDO, FL 32808 US			Mailing Address PO BOX 585798 ORLANDO, FL 32858 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLENN, CAROLYN H. 5711 GRAND CANYON DRIVE ORLANDO, FL 32810				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN, CAROLYN H		NAME	Lloyd Brooks, III	
STREET ADDRESS	5711 GRAND CANYON DRIVE		STREET ADDRESS	3258 Primo Way #304	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL32811	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN, WILLIAM H		NAME	Dorothy Cain	
STREET ADDRESS	5711 GRAND CANYON DR.		STREET ADDRESS	5550-A Cinderlane Parkway	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32808	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTIGRAW, JOYCE A		NAME	Iva K. Cody	
STREET ADDRESS	5209 VAN AKEN DR.		STREET ADDRESS	5728 Kingsgate Drive Apt B	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, Florida 32839	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, HELLEN H		NAME		
STREET ADDRESS	7809 MANDARIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, BOBBIE H.		NAME		
STREET ADDRESS	5218 CONA REEF COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, LEVON		NAME		
STREET ADDRESS	6025 WESTGATE DRIVE APT 2534		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
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: <i>Robert H. Clark</i>			Date: 4/2/06 (407) 493-9959		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

00010563



03042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3083662 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	PCD	<input type="checkbox"/> Delete
NAME	GLENN, CAROLYN H	
STREET ADDRESS	5711 GRAND CANYON DRIVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLENN, WILLIAM H	
STREET ADDRESS	5711 GRAND CANYON DR.	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETTIGRAW, JOYCE A	
STREET ADDRESS	5209 VAN AKEN DR.	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDERS, HELLEN H	
STREET ADDRESS	7809 MANDARIN DRIVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHARLES, BOBBIE H.	
STREET ADDRESS	5218 CONA REEF COURT	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIN, LEVON	
STREET ADDRESS	6025 WESTGATE DRIVE APT 2534	
CITY-ST-ZIP	ORLANDO, FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd Brooks, III	
STREET ADDRESS	3258 Primo Way #304	
CITY-ST-ZIP	Orlando, FL32811	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Cain	
STREET ADDRESS	5550-A Cinderlane Parkway	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iva K. Cody	
STREET ADDRESS	5728 Kingsgate Drive Apt B	
CITY-ST-ZIP	Orlando, Florida 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert H. Clark* Date: 4/2/06 (407) 493-9959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #