
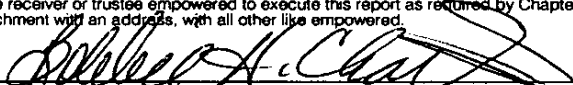


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90034 044 \*\*\*\*70.00

<b>DOCUMENT # N47347</b>					
<b>1. Entity Name</b> TRUE VISION IN CHRIST CHURCH OF THE LIVING GOD, INC.					
<b>Principal Place of Business</b> 1704 MERCY DRIVE ORLANDO, FL 32808 US			<b>Mailing Address</b> PO BOX 585798 ORLANDO, FL 32858 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-3083662	
				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GLENN, CAROLYN H. 5711 GRAND CANYON DRIVE ORLANDO, FL 32810			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME	PCD GLENN, CAROLYN H	<input type="checkbox"/> Delete	TITLE NAME	D Lloyd Brooks	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5711 GRAND CANYON DRIVE		STREET ADDRESS	3258 Primo Way #304	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando, FL 32811	
TITLE NAME	VD GLENN, WILLIAM H	<input type="checkbox"/> Delete	TITLE NAME	Dorothy Williams	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5711 GRAND CANYON DR.		STREET ADDRESS	5550-A Cinderlane Parkway	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando, FL 32808	
TITLE NAME	TD PETTIGRAW, JOYCE A	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5209 VAN AKEN DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE NAME	SD SANDERS, HELLEN H	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4820 MALARKEY ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE NAME	SD CHARLES, BOBBIE H.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5218 CONA REEF COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE NAME	T GRIFFIN, LEVON	<input type="checkbox"/> Delete	TITLE NAME	T GRIFFIN, LEVON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6025 WESTGATE DRIVE APT 2534		STREET ADDRESS	4740 Seascape Way	Address
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	Apt 310-Jacksonville, FL 32224	
<b>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.</b>					
<b>SIGNATURE:</b>  3/24/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Daytime Phone #</small>					