
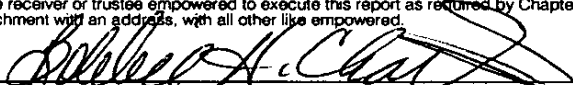


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

|  |                              |  |  |  |   |
|--|------------------------------|--|--|--|---|
| <b>DOCUMENT # N47347</b>   |                              |  |  |                           |   |
| 1. Entity Name<br>TRUE VISION IN CHRIST CHURCH OF THE LIVING GOD, INC.   |                              |  |  |  |   |
| Principal Place of Business<br>1704 MERCY DRIVE<br>ORLANDO, FL 32808 US  |                              |  | Mailing Address<br>PO BOX 585798<br>ORLANDO, FL 32858 US |  |   |
| 2. Principal Place of Business - No P.O. Box #   |                              | 3. Mailing Address   |  |  |   |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.  |  |  |   |
| City & State   |                              | City & State   |  | 4. FEI Number<br>59-3083662  |   |
| Zip  |                              | Country  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent<br><br>GLENN, CAROLYN H.<br>5711 GRAND CANYON DRIVE<br>ORLANDO, FL 32810   |                              |  | 7. Name and Address of New Registered Agent              |  |   |
|  |                              |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                              |  |  |  |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>Make check payable to Florida Department of State</b>   |                              |  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |  |   |
| TITLE NAME   | PCD<br>GLENN, CAROLYN H      | <input type="checkbox"/> Delete  | TITLE NAME   | D<br>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<br>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<br>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<br>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<br>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<br>GRIFFIN, LEVON          | <input type="checkbox"/> Delete  | TITLE NAME   | T<br>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   |   |
| 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:  3/24/08   |                              |  |  |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                              |  |  |  |   |
| <small>Daytime Phone #</small>   |                              |  |  |  |   |