


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90003 040 \*\*\*\*61.25

<b>DOCUMENT # N50933</b> 1. Entity Name <b>WILLIAMS MEMORIAL CHURCH OF THE LIVING GOD, INC.</b>					
Principal Place of Business <b>1500 18TH AVE. SOUTH ST. PETERSBURG, FL 33705</b>			Mailing Address <b>PO BOX 32302 SAINT PETERSBURG, FL 33705</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3722571</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, JOYCE WILLIAMS MINISTE 2330 CALEXICO WAY SOUTH ST. PETERSBURG, FL 33712</b>			7. Name and Address of New Registered Agent Name: <b>Thomas, Joyce Williams Elder</b> Street Address (P.O. Box Number is Not Acceptable) <b>2330 Calexico Way South</b> City: <b>St. Petersburg</b> FL Zip Code: <b>33712</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. SIGNATURE: <u><i>Elder Joyce C. Thomas</i></u> DATE: <u><i>9/7/07</i></u> <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 September 14, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMAS, JOYCE MINISTE 2330 CALEXICO WAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Thomas, Joyce Elder 2330 Calexico Way So. St. Petersburg, FL 33712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEACONESS, LORRAINE P 3160 36TH AVE NORTH SUITE R-2 SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Wainwright-Myles, Sander Sister 2221 Calexico Way So. St. Petersburg, FL 33712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MYLES, SANDER R SISITER 2221 CALEXICO WAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Thomas, Andrea Sister 2330 Calexico Way So. St. Petersburg, FL 33712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, LILLIE M MOTHER 1401 9TH STREET SOUTH ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Bernice Mother 1200 33rd St South St. Petersburg, FL 33712
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, ANDREA J SISTER 2330 CALEXICOWAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perry, Loileen Sister 2500 17th Ave So. St. Petersburg, FL 33712
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Elder Joyce C. Thomas</i></u>			DATE: <u><i>9/7/07</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		