

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50933

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** WILLIAMS MEMORIAL CHURCH OF THE LIVING GOD, INC.

**Current Principal Place of Business:**

1500 18TH AVE. SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35302  
SAINT PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 59-3722571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMAS, JOYCE W DR  
2330 CALEXICO WAY SOUTH  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** THOMAS, JOYCE W DR  
**Address:** 2330 CALEXICO WAY SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33712

**Title:** VP  
**Name:** MYLES, SANDER R TRUSTEE  
**Address:** 2221 CALEXICO WAY S  
**City-St-Zip:** ST PETERSBURG, FL 33712

**Title:** T  
**Name:** RILEY, ANDREA J TRUSTEE  
**Address:** 2230 CALEXICO WAY S  
**City-St-Zip:** ST PETERSBURG, FL 33712

**Title:** D  
**Name:** CUMMINGS, BERNICE MOTHER  
**Address:** 1200 23RD STREET SOUTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TRUSTEE SANDER R. MYLES

VP

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date