


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001018	
1. Entity Name TRUE MIRACLE CHURCH OF THE LIVING GOD INC.	

Principal Place of Business 313 W PINE ST ARCADIA, FL 34266 US	Mailing Address 2169 SW POYDRAS AVE ARCADIA, FL 34266 US
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07072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481755	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, DOLLY 2169 S.W. POYDRAS AVE. ARCADIA, FL 34266	DO NOT WRITE IN THIS SPACE
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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 Evangelist, Dolly Cook Dolly Cook 8-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO KIRKLAND, CHIRSTINE 2169 S.W. PYDRAS AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DE COOK, DOLLY 2169 S.W. PONDRAAS AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSM MITCHELL, ROSEVELT 308 N. ARCADIA AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DE COOK, DONALD L JR 2169 SW POYDRAS ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/01/04-80001-014 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Christine Kirkland 8-30-04 863-993-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #