2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# N94000001018

Entity Name: TRUE MIRACLE CHURCH OF THE LIVING GOD INC.

Current Principal Place of Business:

313 W PINE ST
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

2169 SW POYDRAS AVE
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 65-0481755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, DOLLY
2169 S.W. POYDRAS AVE.
ARCADIA, FL 34266 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: DO ( ) Delete
Name: KIRKLAND, CHIRSTINE
Address: 318 W PINE ST
City-St-Zip: ARCADIA, FL 34266 US

Title: DE ( ) Delete
Name: COOK, DOLLY
Address: 2169 S.W. PONDRAS AVE.
City-St-Zip: ARCADIA, FL 34266

Title: DSM ( ) Delete
Name: MITCHELL, ROSEVELT
Address: 318 W PINE ST
City-St-Zip: ARCADIA, FL 34266 US

Title: DE ( ) Delete
Name: COOK, DONALD L JR
Address: 2169 SW POYDRAS AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHIRSTINE KIRKLAND DO 08/22/2007
Electronic Signature of Signing Officer or Director — Date