

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90087 043 \*\*\*\*61.25

**DOCUMENT # N95000005707**

1. Entity Name

**MILLVILLE WORSHIP CENTER, THE CHURCH OF THE  
LIVING GOD, INC.**



Principal Place of Business

**2100 EAST 8TH COURT  
PANAMA CITY FL 32401**

Mailing Address

**1801 EAST 7TH STREET  
PANAMA CITY FL 32401**

2. Principal Place of Business

**2100 E 8 Ct**

3. Mailing Address

**1801 E 7 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MILLVILLE WORSHIP CENTER**

**PANAMA CITY**

City & State

City & State

**PANAMA CITY FL**

**PANAMA CITY**

Zip

Country

Zip

Country

**32401**

**Bay**

**32401**

**Bay**



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-3360728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCGRUFF, ANDREW  
1801 EAST 7TH STREET  
PANAMA CITY FL 32401**

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

*Andrew McGriff*

*Andrew McGriff*

*4-27-05*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, JOHN MILTON	
STREET ADDRESS	725 MAPLE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGRUFF, ANDREW	
STREET ADDRESS	1801 E. 7TH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTLER, ARLENE	
STREET ADDRESS	786 CEDAR AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, TIM	
STREET ADDRESS	518 EVERITT AVE LOT 3	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BETTIES, ELDER E	
STREET ADDRESS	813 MAPLE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Andrew McGriff*

*Andrew McGriff*

*4-27-05 850 785 1765*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #