

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

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 032 ****70.00

DOCUMENT # N96000004347					
1. Entity Name LIVING FAITH BAPTIST CHURCH INC. OF CRESTVIEW, FLORIDA					
Principal Place of Business 837 W JAMES LEE BLVD CRESTVIEW FL 32536			Mailing Address 837 W JAMES LEE BLVD CRESTVIEW FL 32536		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2919139	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETTIS, DAVID 148 JONES ROAD CRESTVIEW FL 32536				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: <u>David P Pettis</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>01-31-05</u>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME PETTIS, DAVID <input type="checkbox"/> Delete				
STREET ADDRESS 148 JONES ROAD	CITY-ST-ZIP CRESTVIEW FL 32536				
TITLE SD	NAME BOOKER, RICKEY <input type="checkbox"/> Delete				
STREET ADDRESS 1535 S. PEARL ST	CITY-ST-ZIP CRESTVIEW FL 32539				
TITLE VD	NAME ORSA, ANDREW J <input type="checkbox"/> Delete				
STREET ADDRESS 6222 OLIN MERITT	CITY-ST-ZIP BAKER FL 32531				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>David Pettis</u> <u>01-31-05</u> <u>(850) 682-4371</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					