

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90075 038 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2919139

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIS, DAVID  
148 JONES ROAD  
CRESTVIEW FL 32536

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

*David Pettis*

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, 2006**

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 PD ☐ Delete  
NAME PETTIS, DAVID  
STREET ADDRESS 148 JONES ROAD  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE SD ☐ Delete  
NAME BOOKER, RICKEY  
STREET ADDRESS 1535 S. PEARL ST  
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE VD ☐ Delete  
NAME ORSA, ANDREW J  
STREET ADDRESS 5333 OLIN MERRITT  
CITY-ST-ZIP BAKER FL 32531

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *DD D*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *D*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Cooper, Dennis*  
STREET ADDRESS *2459 Lake Silver Rd*  
CITY-ST-ZIP *Crestview, FL 32536*

TITLE ☐ Change ☒ Addition  
NAME *SIT*  
STREET ADDRESS *Doris Slater, Doris P.*  
CITY-ST-ZIP *72 Old Milliken Rd*  
*Crestview FL 32536*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Doris P Slater*

*Doris P Slater*