

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 036 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2919139

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**ORSA, ANDREW J
5333 OLIN MERRITT
BAKER FL 32531**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

TITLE D
NAME PETTIS, DAVID
STREET ADDRESS 148 JONES RD
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE D
NAME COOPER, DENNIS
STREET ADDRESS 2459 LAKE SILVER RD
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ Delete

TITLE ST
NAME SLATER, DORIS P
STREET ADDRESS 72 OLD MILLIGAN RD
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-08