


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002109	
1. Entity Name FAITH, HOPE, & CHARITY ANNOINTED; CHURCH OF THE LIVING GOD INC.	

Principal Place of Business P.O. BOX 725 HERNANDO, FL 34442 US	Mailing Address P O BOX 725 1880 N WATKINS PT HERNANDO, FL 34442 US
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04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3447528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATKINS, ELEASE 1880 N. WATKINS PT. INVERNESS, FL 34452

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IN THIS SPACE**

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 _____ DATE 4/4/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATKINS, ELEASE P O BOX 725 HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WATKINS, TIMOTHY 9025 SE 170TH PL SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, MARGIE 9025 SE 170TH PL SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GATES, BONNIE PO BOX 153 HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000497205
04/22/06-80045-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pastor Elease Watkins 4/4/06 637-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #