# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2007**
**Secretary of State**

DOCUMENT# N97000002109

**Entity Name:** FAITH, HOPE, & CHARITY ANNOINTED; CHURCH OF THE LIVING GOD INC.

**Current Principal Place of Business:**

P.O. BOX 725
HERNANDO, FL 34442 US

**New Principal Place of Business:**

15100 S.E. 80TH AVE.
SUMMERFIELD, FL 34491 US

**Current Mailing Address:**

P O BOX 725
1880 N WATKINS PT
HERNANDO, FL 34442 US

**New Mailing Address:**

**FEI Number: 59-3447528** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, ELEASE
1880 N. WATKINS PT.
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WATKINS, ELEASE
Address: P O BOX 725
City-St-Zip: HERNANDO, FL 34442

Title: MD ( ) Delete
Name: WATKINS, TIMOTHY
Address: 9025 SE 170TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD ( ) Delete
Name: WATKINS, MARGIE
Address: 9025 SE 170TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD ( ) Delete
Name: GATES, BONNIE
Address: PO BOX 153
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: WATKINS, ELEASE
Address: 1880 N. WATKINS PT.
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GATES, BONNIE
Address: 1200 E. RAY ST.
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEASE WATKINS PD 02/06/2007

Electronic Signature of Signing Officer or Director — Date