

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002109

FILED
May 06, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 1880 N. WATKINS PT.
City-St-Zip: INVERNESS, FL 34453

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: 1200 E. RAY ST.
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

05/06/2008

Electronic Signature of Signing Officer or Director

Date