## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N97000005263**

1. Entity Name



FILED Apr 12, 2007 8:00 am Secretary of State

THE CHURCH OF THE LIVING GOD PENTECOSTAL APOSTOLIC FAITH, INC.					04-12-2007 90045 013 ****61.25				
Principal Place of Business 4106 N. 22ND 5T. TAMPA, FL 33610		Mailing Address 4106 N. 22ND ST. TAMPA, FL 33610		1 (60)(1) 919 1	III (	<b>1</b> 01 <b>46</b> 14 <b>48</b> 14 <b>1</b> 014		ciki di 120	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc,		03282007	Chg-NP	CR2E03	7 (12/06)		
City & State	е	City & State			4. FEI Number 59-3454	593		·	plied For t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired		8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered A	gent	
FINLEY, IC 1510 SLIG TAMPA, FI	H_AVE	-	<u> </u>	Name Street Addres	ss (P.O. Box Number	is Not Acceptab	le)		
				City			FL	Zip Code	9
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or regis	istered agent, or both	, in the State of F		amiliar with,	and accept
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SIGNATURE .	Stonsture, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	1 Agent signature requ	quired when reinstating)		DATE	<del></del>	
SIGNATURE .		nt and title if applicable. (NOT 9. Election Car Trust Fund (	npaign Fi	inancing	space when reinstating) \$5.00 May Be Added to Fees		DATE Make check orida Depart		
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	Signatura, typed or printed name of registered age Filling Fee is \$61.25 'Due by May 1, 2007	9. Election Car Trust Fund (	npaign Fi Contribution	inancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHAI	FIG NGES TO OFFIC	Make check orida Depart	ment of S	tate
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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: May and Typed of PRINTED HARE OF SIGNING OFFICER OR DIRECTOR