2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000954

1. Entity Name

TEMPLE OF THE LIVING GOD OF ST. PETERSBURG, INCORPORATED



FILED Feb 14, 2007 08:00 Al Secretary of State

Principal Place of Business 1950-2ND AVE..N.

ST.PETERSBURG, FL 33713

Mailing Address

1950-2ND AVE.,N.

ST.PETERSBURG, FL 33713



DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3560615

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUH, CARL A ESQ. 111-2ND AVE, N.E.,#610 ST.PETERSBURG, FL 33701

DO NOT WRITE 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 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAUSE, MARLIN B 1950 2ND AVE N ST.PETERSBURG, FL 33713				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHEFF, LOIS 1950 2ND AVE N SAINT PETERSBURG, FL 33713				U00000636497 02/26/07-80022-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DICKENS, PAUL A 1950 2ND AVENUE NORTH ST.PETERSBURG, FL 33713			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRATZ, ELIZABETH H 1950 2ND AVENUE NORTH ST.PETERSBURG, FL 33713			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUBERGER, MARIE 1950 2ND AVENUE NORTH ST.PETERSBURG, FL 33713				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOSEPH 1950-2ND AVE.,N. ST.PETERSBURG, FL 33713	,			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.					

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