


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90168 027 \*\*\*\*70.00

<b>DOCUMENT # N99000003886</b> 1. Entity Name <b>CHURCH OF THE LIVING GOD GATEWAY TO HEAVEN, INC.</b>					
Principal Place of Business <b>18310 DOLLY BROOK LANE LUTZ FL 33549-5858</b>		Mailing Address <b>18310 DOLLY BROOK LANE LUTZ FL 33549-5858</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1662818</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOODBURY, RICHARD L 3905 EAST CHELSEA STREET TAMPA FL 33610</b>				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> Zip Code:	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, RUBY 18310 DOLLY BROOK LANE LUTZ FL 33549-5858</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FANNY YOUNG 6202 N. 38TH ST. TAMPA FL 33616</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNHILL, LOLA 5815 EAST 30TH STREET TAMPA FL 33619</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD L. WOODBURY 3905 E. CHELSEA ST. TAMPA FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROLLINS, ELAINE 1902 ST JOHN STREET TAMPA FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BAKER, MARGARET 8529 TIDEWATER TRAIL TAMPA FL 33619</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BAKER, MALACHI 8529 TIDEWATER TRAIL TAMPA FL 33619</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BAKER, MONROE 1915 EAST ELLICOTT STRETE TAMPA FL 33610</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

**RICHARD L. WOODBURY** 813-361-8323