

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N99000003886

1. Entity Name  
CHURCH OF THE LIVING GOD GATEWAY TO HEAVEN,  
INC.



Principal Place of Business  
18310 DOLLY BROOK LANE  
LUTZ, FL 33549-5858

Mailing Address  
18310 DOLLY BROOK LANE  
LUTZ, FL 33549-5858



03192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1662818

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BARNHILL, LOLA  
5815 EAST 30TH ST  
TAMPA, FL 33619

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BAKER, RUBY  
STREET ADDRESS 18310 DOLLY BROOK LANE  
CITY-ST-ZIP LUTZ, FL 335495858

TITLE D  
NAME BARNHILL, LOLA  
STREET ADDRESS 5815 EAST 30TH STREET  
CITY-ST-ZIP TAMPA, FL 33619

TITLE D  
NAME ROLLINS, ELAINE  
STREET ADDRESS 1902 ST JOHN STREET  
CITY-ST-ZIP TAMPA, FL 33607

TITLE T  
NAME BAKER, MALACHI  
STREET ADDRESS 8529 TIDEWATER TRAIL  
CITY-ST-ZIP TAMPA, FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Lola P. Barnhill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/08  
Date

(813) 626-8422  
Daytime Phone