NOT-FOR-PROFIT CORPORATION
09 ANNUAL REPORT

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09 JAN 12 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003886

1. Entity Name
Church of The Living God Gate-way TO HEAVEN, INC

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CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18310 Dolly Brook Lane	18310 Dolly Brook Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lutz FL	
City & State: Lutz FL	City & State: Lutz FL
Zip: 33549-5858 Country: Hillsboro	Zip: 33549-5858 Country: Hillsboro

4. FEI Number: 31-1662818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BARNHILL, Lola

Street Address (P.O. Box Number is Not Acceptable): 5815 EAST 30TH AV

City: TAMPA FL Zip Code: 33619-1522

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.

500140371345
01/12/09--01064--001 **70.00

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAKER Ruby
STREET ADDRESS	18316 DollyBrook Lane
CITY-ST-ZIP	Lutz, FL 335495858
TITLE	D
NAME	Barnhill, Lola
STREET ADDRESS	5815 EAST 30TH AV
CITY-ST-ZIP	TAMPA, FL 336191522
TITLE	D
NAME	Rolins, Elaine
STREET ADDRESS	1902 St John street
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	S
NAME	BAKER, Mikecia
STREET ADDRESS	4303 W. Grace ST
CITY-ST-ZIP	Tampa, FL 33607
TITLE	D
NAME	Jackson Pratt ANN
STREET ADDRESS	10611 JULIAND DR
CITY-ST-ZIP	Riverview, FL 33569
TITLE	D
NAME	Baker, malachi
STREET ADDRESS	1553 CLARK ST
CITY-ST-ZIP	CLEARWATER, FL 33755

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ruby M Baker 12/31/08 813, 949-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #