

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002109

**Entity Name:** FAITH, HOPE, & CHARITY ANNOINTED; CHURCH OF THE LIVING GOD INC.**Current Principal Place of Business:**15100 S.E. 80TH AVE.  
SUMMERFIELD, FL 34491**Current Mailing Address:**15100 S.E. 80TH AVE.  
SUMMERFIELD, FL 34491 US**FEI Number: 59-3447528****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GATES, HEATHER M  
15100 S.E. 80TH AVE.  
SUMMERFIELD, FL 34491 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	GATES, HEATHER M
Address	11424 SE 59TH TER
City-State-Zip:	BELLEVIEW FL 34420

Title	MD
Name	WATKINS, TIMOTHY
Address	9025 SE 170TH PL
City-State-Zip:	SUMMERFIELD FL 34491

Title	SD
Name	WATKINS, MARGIE
Address	9025 SE 170TH PL
City-State-Zip:	SUMMERFIELD FL 34491

Title	AP
Name	ROBIE, SALISA H
Address	3676 SE 140TH LN.
City-State-Zip:	SUMMERFIELD FL 34491

Title	TREASURER
Name	WILLIAMS, BONISA
Address	15100 S.E. 80TH AVE.
City-State-Zip:	SUMMERFIELD FL 34491

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HEATHER M GATES****PD****03/06/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date