## 2004 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT #769345**



Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90189 018 \*\*\*\*70.00

1. Entity Name
WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH, FLORIDA INC.

Principal Place of Business Mailing Address

Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State Desired  Server Address of New Registered Agent  7. Name and Address of New Registered Agent  ROLLINS, FRANK 255 ESSEX DRIVE  PT ST LUCIE, FL 34984  City FL Zip Code  8. The above named entity submits the 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 deligations of registered agent.  Signam, your is private area of inguised agent and it is approach to the collegations of registered agent.  Signam, your is private agent and it is approach to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent.  Signam, your is private agent and it is approach to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent.  Signam, your is private agent and it is approach to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent.  Signam, your is private agent.  Signam, your is priv	4001 D VIRGINIA AVE.  FORT PIERCE, FL 34981 US  P.O. BOX 7674  PORT ST. LUCIE, FL 34985 US									(CISB # A CIPB  Shi E431) SIPh SI				
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  E. Name and Address of Country  S. Certificiate of Satus Desired.  S. Set Addicinal  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  For Post Address of New Registered Agent  Norme  City  FL  Zip Code  City  FL	Principal Place of Business     3. Mailing Address													
Sp. 200279   Not Applicable   Sp. 200279   Not Applicable   Sp. 200279   Sp. 2004   Sp. 25 Additional	Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				03212004 Chg-NP CR2E037 (10/03)					
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named cortify 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.  8. The above named cortify 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.  8. The above named cortify 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named contribution is a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc	City & State	<del></del>		Cit	City & State				50 0000070					
ROLLINS, FRANK 255 ESSEX DRIVE PT ST LUCIE, FL 34984  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Fl	Zip		Country	Zip	Zip Cour				5. Certificate of Status Desired \$8.75 Additional Fee Required					
STREET ADDRESS OFFICE SAND DIRECTORS IN THE STREET ADDRESS STREET		6. Name	and Address of Curre	nt Registere	ed Agent				7. Name and Add	ress of New Registered	Agent			
Street Address (P.O. Box Number is Not Acceptable)    City	DOLLING	CDANIK					Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Superior, typical or protect name of registered agent and file of applicable.   NOTE Projected Agent alignature required when revocating)   DATE	255 ESSE	X DRIVE	4984		Street Address			ddress (	(P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or privaci rame of registered agent and see 4 applicable.  PHIING Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  SIDE BENJAMIN, QUEEN  3080 SW BRIGGS ST OTY-ST-ZP PORT SAINT LUCIE, FL 34953  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP FORT SAINT LUCIE, FL 34952  TITLE  MME STREET ADDRESS CITY-ST-ZP  TITLE  MME STREET	, , , , , , , , , , , , , , , , , , , ,						City				Zip Code	<del></del>		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: