

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90189 018 ****70.00

DOCUMENT # 769345

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



Principal Place of Business
**4001 D VIRGINIA AVE.
FORT PIERCE, FL 34981 US**

Mailing Address
**P.O. BOX 7674
PORT ST. LUCIE, FL 34985 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2309279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROLLINS, FRANK
255 ESSEX DRIVE
PT ST LUCIE, FL 34984**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
**SD
BENJAMIN, QUEEN**
STREET ADDRESS
3080 SW BRIGGS ST
CITY-ST-ZIP
PORT SAINT LUCIE, FL 34953

TITLE NAME Change Addition
Benjamin, Queen
STREET ADDRESS
1110 SE Letha Cir. #3
CITY-ST-ZIP
Stuart, Fl. 34994

TITLE NAME Delete
**T
MILLER, ANNIE JOYCE**
STREET ADDRESS
1903 SE HILLMOOR DR., #15
CITY-ST-ZIP
PORT SAINT LUCIE, FL 34952

TITLE NAME Change Addition
Miller, Annie Joyce
STREET ADDRESS
2222 Flanger Road
CITY-ST-ZIP
Port St. Lucie Fl. 34952

TITLE NAME Delete
**PD
ROLLINS, FRANK**
STREET ADDRESS
255 ESSEX DRIVE
CITY-ST-ZIP
PT ST LUCIE, FL

TITLE NAME Change Addition
Rollins, Frank
STREET ADDRESS
1020 SE Lansdowne Ave
CITY-ST-ZIP
Port St. Lucie Fl. 34983

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. I hereby certify that the information supplied with this filing 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: *Frank Rollins* **Frank Rollins** *4/19/04* **4/19/04** *(772) 873-9340* **(772) 873-9340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #