

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2309279 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROLLINS, FRANK
 255 ESSEX DRIVE
 PT ST LUCIE, FL 34984

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: _____ DATE: _____
Signature, typed or printed name of registered agent and Title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BENJAMIN, QUEEN
STREET ADDRESS	1110 SE LETHA CIR #3
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	MILLER, ANNIE JOYCE
STREET ADDRESS	2222 FLANGER ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	PD
NAME	ROLLINS, FRANK
STREET ADDRESS	1020 SE LANSDOWNE AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000346409
 04/30/05-80075-014 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/22/05 (772) 873-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #