


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 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
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01172006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN, QUEEN 1110 SE LETHA CIR #3 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ANNIE JOYCE 2222 FLANGER ROAD PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLINS, FRANK 1020 SE LANSDOWNE AVE PORT SAINT LUCIE, FL 34983
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U00000533715  
 05/06/06-80133-006 70.00

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Rollins Frank Rollins 4/20/06 (772)873-9340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #