


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| <b>DOCUMENT # 769345</b><br>1. Entity Name<br><b>WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH, FLORIDA INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4001 D VIRGINIA AVE.<br/>FORT PIERCE, FL 34981 US</b> | Mailing Address<br><b>P.O. BOX 7674<br/>PORT ST. LUCIE, FL 34985 US</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

08242007 Chg-NP CR2E037 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2309279</b>  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>ROLLINS, FRANK<br/>1020 SE LANSDOWNE AVE<br/>PORT SAINT LUCIE, FL 34983</b> |  |
| 7. Name and Address of New Registered Agent   |  |
| Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span>          |  |

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

|                              |   |  |
|------------------------------|---|--|
| <b>Amended AR is \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BENJAMIN, QUEEN</b><br><b>1110 SE LETHA CIR #3</b><br><b>STUART, FL 34994</b>           | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     700109131957<br/>                     09/06/07--01028--007 **\$61.25                 </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MILLER, ANNIE JOYCE</b><br><b>1341 CARRINGTON SE</b><br><b>PORT ST. LUCIE, FL 34957</b>  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ROLLINS, FRANK</b><br><b>1020 SE LANSDOWNE AVE</b><br><b>PORT SAINT LUCIE, FL 34983</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>W</b><br><b>Welch, Wallace</b><br><b>4900 Irnington Terr.</b><br><b>Port St. Lucie, Fl. 34983</b>    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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** 8/29/07 (772)873-9340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #