


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701589 (4)

1. Corporation Name
THE NON-DENOMINATIONAL CHURCH OF THE LIVING GOD, INC.



Principal Place of Business 207 NW 7TH AVENUE FT LAUDERDALE FL 33311-9025	Mailing Address 207 NW 7TH AVENUE FT LAUDERDALE FL 33311-9025
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3. Date Incorporated or Qualified
10/24/1960

4. FEI Number
70-1589160

Applied For
 Not Applicable

2. Principal Place of Business 21 <u>Same</u>	2a. Mailing Address 26 <u>2251 N.W. 48th Terr.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 <u>Bldg 7 Apt # 102</u>
City & State 23	City & State 28 <u>Lauderhill, Fla.</u>
Zip 24	Country 25
Zip 29 <u>33313</u>	Country 30 <u>Broward</u>

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

TRIPP, SANDRA L.
2060 21ST STREET S.W.
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUNTER, L. M.	
STREET ADDRESS	207 NW 7TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	A	<input type="checkbox"/> DELETE
NAME	DEVOE, L. R	
STREET ADDRESS	912 NW 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, ANNIE MAE	
STREET ADDRESS	3201 NW 4TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVOE, L. O	
STREET ADDRESS	912 NW 2ND. STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.D. Hunter, L.M.
1.3 STREET ADDRESS	2251 N.W. 48th Terr.
1.4 CITY-ST-ZIP	Lauderhill, Fla. 33313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-11-98

CR2E037 (10/97)