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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 701589

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

144883 90064 21 3

Principal Place of Business: 2251 NORTHWEST 48TH TERRACE, BLVD 7, SUITE 102, LAUDERHILL FL 33313  
 Mailing Address: 2251 NW 48TH TERR, BLDG 7, APT 102, LAUDERHILL FL 33313, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/24/1960
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	70-1589160
24	29	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Mirriplea Mitchell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, L. M.	1.2 NAME	2201 N.W. 166th St.
STREET ADDRESS	2251 NW 48TH TERR	1.3 STREET ADDRESS	Opa Locke, Fla. 33054
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	A	2.1 TITLE	MARISE SIMONE Apt 103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVOE, L R	2.2 NAME	611 N.W. 177th St.
STREET ADDRESS	912 NW 2ND STREET	2.3 STREET ADDRESS	MIAAMI, Fla. 33169
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Barbara L McCoy Apt 104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, ANNIE MAE	3.2 NAME	615 N.W. 177th St.
STREET ADDRESS	3201 NW 4TH PLACE	3.3 STREET ADDRESS	MIAAMI, Fla. 33169
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	DEVOE, L O	4.2 NAME	
STREET ADDRESS	912 NW 2ND. STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	President	5.1 TITLE	
NAME	Carolyn Anderson	5.2 NAME	
STREET ADDRESS	2061 N.W. 47th Terr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Apt. 414 Bldg. 17	5.4 CITY-ST-ZIP	
TITLE	Lauderhill, Fla.	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS	33313	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: Paul Anderson 1/24/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)