

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 701589**

1. Entity Name

**THE NON-DENOMINATIONAL CHURCH OF THE LIVING GOD,**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90176 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2251 NORTHWEST 48TH TERRACE  
 BLVD 7, SUITE 102  
 LAUDERHILL FL 33313

2251 NW 48TH TERR  
 BLDG 7, APT 102  
 LAUDERHILL FL 33313-3470  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**70-1589160**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNTER, L. M.	
STREET ADDRESS	2251 NW 48TH TERR	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, CAROLYN	
STREET ADDRESS	2061 N.W. 47TH TERR. APT.414 BLDG 17	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, MILLILEA	
STREET ADDRESS	2201 N.W. 168TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

954-463-7525

CR2E037 (9/99)