

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732500 (4)

1. Corporation Name

THE CHURCH OF THE LIVING GOD WORLD WIDE REVIVAL CENTER, INC



Principal Place of Business

Mailing Address

2643 S 5TH AVE
ST. PETERSBURG FL 33712
US

2643 5TH AVE SO
ST. PETERSBURG FL 33712
US

3. Date Incorporated or Qualified: 04/21/1975
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business
21 St. Pete FLA.
22 Suite, Apt. #, etc.
23 City & State: St. Pete FLA.
24 Zip: 33712
25 Country: PINELLA
26 2643 5th Ave So
27 Suite, Apt. #, etc.
28 City & State: St. Petersburg FLA
29 Zip: 33712
30 Country: PINELLA

4. FEI Number: 59-2949866
Applied For: Applied For, Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

9. Name and Address of Current Registered Agent
BUTLER, SAMUEL S
4442 3RD AVENUE SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: Samuel Butler Sr. DATE: May 23 1996

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: BUTLER, SAMUEL M., SR.	STREET ADDRESS: 4442 3RD AVENUE SOUTH	CITY-ST-ZIP: ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: BUTLER, M. LORETTA	STREET ADDRESS: 4442 3RD AVENUE SOUTH	CITY-ST-ZIP: ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: BROWN, GERALDINE	STREET ADDRESS: 2643 5TH AVE. S.	CITY-ST-ZIP: ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
TITLE: T	NAME: FINLEY, JOSEPH JR.	STREET ADDRESS: 2901 KNOWLWAY CT. 1205	CITY-ST-ZIP: TAMPA FL 33605	<input checked="" type="checkbox"/> DELETE
TITLE: Trustee	NAME: T. Hattie M Davis	STREET ADDRESS: 2501-4 ave so	CITY-ST-ZIP: St Pete FLA 33712	<input type="checkbox"/> DELETE
TITLE: Trustee	NAME: KATHY M MILLS	STREET ADDRESS: 3036-6 ave N apt 7	CITY-ST-ZIP: St. Petersburg FLA 33713	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE: Samuel Butler Sr	1.2 NAME: Samuel Butler Sr	1.3 STREET ADDRESS: 4442-3 ave so	1.4 CITY-ST-ZIP: None St. Pete Fl. 33711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: Loretta M Butler	2.2 NAME: Loretta M Butler	2.3 STREET ADDRESS: 4442-3 ave so	2.4 CITY-ST-ZIP: St. Petersburg Fl 33711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: Geraldine Brown	3.2 NAME: Geraldine Brown	3.3 STREET ADDRESS: 2643 5 ave so	3.4 CITY-ST-ZIP: St Pete FLA 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: Joseph Finley Jr	4.2 NAME: Joseph Finley Jr	4.3 STREET ADDRESS: 2901 Knowlway Ct apt 1205	4.4 CITY-ST-ZIP: Tampa FLA 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: Deborah Butler	5.2 NAME: Deborah Butler	5.3 STREET ADDRESS: 200-72 ave NO apt 135	5.4 CITY-ST-ZIP: St. Petersburg FLA 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 700001910457	6.2 NAME: -08/01/96--01027--003	6.3 STREET ADDRESS: ***61.25	6.4 CITY-ST-ZIP: 61-96	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Samuel Butler Sr. DATE: May 23 1996 (813)3214011

CR2E037 (12/95)