

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

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 13 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732500 (4)  
1. Corporation Name  
THE CHURCH OF THE LIVING GOD WORLD WIDE  
REVIVAL CENTER, INC.

Principal Place of Business Mailing Address  
2643 5th AVE. SOUTH 2643 5th AVE. SOUTH  
ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2643 5th AVE SOUTH		26 2643 5th AVE. SOUTH		04/21/1975	08/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2949866	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ST. PETERSBURG FL		28 ST. PETERSBURG FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
24 33712		29 33712		<input type="checkbox"/>	
County		County		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 PINELLAS		30 PINELLAS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTLER, SAMUEL SR. 4442 3rd AVE SOUTH ST. PETERSBURG FL				81 Name	SAMUEL BUTLER SR.		
				82 Street Address (P.O. Box Number is Not Acceptable)	4442 3rd AVE. SOUTH		
				83			
				84 City	ST. PETERSBURG	FL	85 Zip Code 33711

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, SAMUEL SR.			1.2 NAME	900002347559-4		
STREET ADDRESS	4442 3rd AVE. SOUTH			1.3 STREET ADDRESS	-11/14/97-01070-002		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, LORETTA			2.2 NAME	BUTLER, SAMUEL JR.		
STREET ADDRESS	4442 3rd AVE. SOUTH			2.3 STREET ADDRESS	2726 4th AVE. SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, GERALDINE			3.2 NAME	WHITE, LORRAINE		
STREET ADDRESS	2643 5th AVE SOUTH			3.3 STREET ADDRESS	5026 9th AVE SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33711		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FINLEY, JOSEPH JR			4.2 NAME	WHITE, BARTARA		
STREET ADDRESS	2901 KNOWAY COURT APT 1205			4.3 STREET ADDRESS	6612 Vernon STREET		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	ORLANDO FL 32818		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, HATTIE T			5.2 NAME	WESTLEY, DORIS		
STREET ADDRESS	2501 4th AVE SOUTH			5.3 STREET ADDRESS	P.O. BOX 728, N/A		
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY-ST-ZIP	REDLIAH FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, KATHY M			6.2 NAME			
STREET ADDRESS	3036-6th AVE. NORTH APT 7			6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby 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: *Sandra B. Mortham* 11/10/97 407 290-8817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)