

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



DEPARTMENT OF STATE
Catherine Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-99 AR

DOCUMENT # 732550

1. Corporation Name
Church of the Living God
WORLD WIDE REVIVAL CENTER

Principal Place of Business
2643-5th A/S
St. Petersburg, FL 33712

Mailing Address
6612-Vernon St
Orlando, FL 32818

21	2. Principal Place of Business 2643-5th A/S	2a. Mailing Address 6612-Vernon St	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-294-9866
23	City & State St. Petersburg, FLA	City & State	5. Certificate of Status Desired <input type="checkbox"/>
24	Zip 33712	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	Country	Country	Applied For Not Applicable
26			\$8.75 Additional Fee Required
27			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
Bishop Samuel Butler SR
4442-3rd A/S
St. Petersburg, FLA 33711

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Samuel Butler SR
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 6-7-99

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuel Butler SR 4442-3rd A/S St. Petersburg, FLA 33711 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Samuel Butler JR 2726-4th A/S St. Petersburg, FLA 33712 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BARTARA White 6612-Vernon St Orlando, FLA 32818 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O White, Lorraine 5026-4th A/S St. Petersburg, FLA 33711 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Davis, Hattie 2501-4th A/S St. Petersburg, FLA 33711 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Wesley, Davis P.O. Box 728 Redlich, FLA <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002915164--0 -06/24/99--01100--018 *****61.25 *****61.25
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002915164--0 -06/24/99--01100--019 *****61.25 *****61.25
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Samuel Butler SR
Signature and typed or printed name of signing officer or director DATE: 6-7-99 Daytime Phone #

CR2E037 (1/98)

6/21/99

To whom this may concern:

This is about the 5th transactions that's been requested for our "Non-Profit Corporation Annual report. never received document back to the church of dissolve, please submit. A.S.A.P.

Respectfully,
Barbara White

P.S. Please send to mailing address
6612 - Vernon St
Orlando, FLA. 32818
c/o Barbara White

Amount Enclosed: \$ 122.50 as
requested.