SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 734513 (5)

1. Corporation Name

THE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
~~202~~ 6630 CAROLINE ST MILTON FL 32570	~~202~~ 6630 CAROLINE ST MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1975	02/19/1996

4. FEI Number: 59-6586646 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ~~6630~~ 6630	26 6630 Caroline St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Milton Fla.
24 Zip / 25 Country	29 Zip: 32570 / 30 Country: S R Fla. U.S.A

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CULPEPPER, KATIE
~~ROBINSON POINT ROAD~~
MILTON FL ~~32570~~

Mailing Address
PO Box 248
32572

10. Name and Address of ~~New~~ Registered Agent

81 Name: Culpepper, Katie
82 Street Address (P.O. Box Number is Not Acceptable): 3140 Robinson Pt Rd (no mail receptacle)
83 Milton
84 City — FL — 85 Zip Code: 32583

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, LISA CULPEPPER		1.2 NAME	
STREET ADDRESS	ROBINSON PT RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDEN, JEWELL		2.2 NAME	
STREET ADDRESS	GARCON PT RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CULPEPPER, DW		3.2 NAME	
STREET ADDRESS	GARCON PT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CULPEPPER, KATIE		4.2 NAME	
STREET ADDRESS	ROBINSON PT RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDEN, ALBERT		5.2 NAME	200002279522
STREET ADDRESS	GARCON PT., RD.		5.3 STREET ADDRESS	-08/28/97--01046--011
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	***61.25
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	PE 8.26
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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.

SIGNATURE REQUIRED 8/1/97 904-623-3601