

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 820975 (1)**

1. Corporation Name  
**CHURCH OF THE LIVING GOD THE PILLAR AND GROUND O F THE TRUTH WHICH HE PURCHASED WITH HIS OWN BLOO**

Principal Place of Business <b>3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3839</b>	Mailing Address <b>3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3841</b>
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<b>21</b> 2. Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip Country	Zip Country
<b>24</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/07/1967</b>	<b>3a.</b> Date of Last Report <b>02/14/1996</b>
<b>4.</b> FEI Number <b>35-1132342</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**TREADWAY, BISHOP EUNICE  
178 S.W. 8TH STREET  
DEERFIELD BEACH FL 33441**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MANNING, NAOMI A.</b>	
STREET ADDRESS	<b>1013 HIGH DRIVE</b>	
CITY-ST-ZIP	<b>CARMEL IN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NEAL, KEZIA</b>	
STREET ADDRESS	<b>3325 N. RUCKLE</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TURLEY, FLOYD</b>	
STREET ADDRESS	<b>3923 D CORNELL WOODS DR WEST</b>	
CITY-ST-ZIP	<b>DAYTON OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, FAYE</b>	
STREET ADDRESS	<b>48 AVERY STREET</b>	
CITY-ST-ZIP	<b>MT. CLEMENS MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, WAYNE</b>	
STREET ADDRESS	<b>19790 W. NINE MILE RD</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMMS, HANANIAH</b>	
STREET ADDRESS	<b>25 RUTGERS DR</b>	
CITY-ST-ZIP	<b>DELTRAN NJ</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	<b>3325 N. RUCKLE STREET</b>
<b>3.4</b> CITY-ST-ZIP	<b>INDIANAPOLIS, INDIANA 46205</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	<b>DIRECTOR</b>
<b>6.3</b> STREET ADDRESS	<b>GENE CONEY</b>
<b>6.4</b> CITY-ST-ZIP	<b>720 FITZWATERTOWN RD. GLENSIDE, PENNSYLVANIA 19038</b>

**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.

*Naomi A. Manning* 12/07/1967 (217) 924 0991

CR2E037 (9/96)