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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3839	Mailing Address 3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3839
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3. Date incorporated or Qualified 12/07/1967	
4. FEI Number 35-1132342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Sulte, Apt. #, etc. 22	Sulte, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**TREADWAY, BISHOP EUNICE
178 S.W. 6TH STREET
DEERFIELD BEACH FL 33441**

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

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	PT	<input type="checkbox"/> DELETE
NAME	MANNING, NAOMI A.	
STREET ADDRESS	1013 HIGH DRIVE	
CITY-ST-ZIP	CARMEL IN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEAL, KEZIA	
STREET ADDRESS	3325 N. RUCKLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURLEY, FLOYD	
STREET ADDRESS	3325 N. RUCKLE STREET	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, FAYE	
STREET ADDRESS	48 AVERY STREET	
CITY-ST-ZIP	MT. CLEMENS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, WAYNE	
STREET ADDRESS	19790 W. NINE MILE RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONEY, GENE	
STREET ADDRESS	728 FITZWATERTOWN RD	
CITY-ST-ZIP	GLENSIDE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	BROWN, GERALD
3.4 CITY-ST-ZIP	3720 MONROE ST. TOLEDO, OHIO 43606
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Kezia Neal* **2-21-98**

CR2E037 (10/97)