FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N41641

(4)

1102 SOUTH TYLER STREET-CHURCH OF THE LIVING GOD OF PLANT CITY, FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED
May 09 1997 8:00am
Secretary of State



1102 SOUTH TY PLANT CITY FL US					H TYLER ST. TFL 33566-645	5 2			3. Date Incorporated or Qua	alified	3a. Dat	e of Last R 14/24/19	eport 96	
2. Principal Pl	lace of Busin	ess	26	2e. Mailing Address					4. FEI Number 59-3128189				oplied For	
21				26					39 3 120 109				ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desli	red	Ø		Additional equired	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
Zip 24	Country 25			Zip Gou			ntry	8. This corporation has liability for intangible tax under s. 199. Florida Statutes					. 199.032,	
T.11	9, Name	and Address of C	urrent Regis	stered A	gent	10. Name and Address of New Registered Agent								
							81	Name						
1102 S.	FRANK, JR. Tyler st.							Street Add	treet Address (P.O. Box Number is Not Acceptable)					
PLANT C	CITY FL 335	66					83							
							84	City			FL	85 Zip	Code	
office or re agent. I a	egistered an	ons of Sections 61 ent, or both, in the h, and accept the	State of Flori	ida. Such	i change was	authorized	d by	the corpora	rporation submits this statement f ation's board of directors. I hereb	or the p y accep	ourpose of	changing i	ts registered registered	
-SIGNATURE .	Signature, typed	or printed name of registe	ered agont and title	e il applicab	le (NC	D1E: Registered	d Age	ent signature requ	uired whon reinstating)		DATE			
12.		OFFICER	RS AND DIRE	CTORS		13.			ADDITIONS/CHANGES TO	OFFIC				
TITLE	PT				☐ DELETE	15 T	TLE					L Change	Addition	
NAME		RANK, JR.				1.⊉ N/								
STREET ADDRESS	BLAND OITH EL			1.5				ADDRESS						
CITY-ST-ZIP TITLE	TI TI	MIT FL			DELETE	1,4 CI 2,1 TC		ST-ZIP				Change	Addition	
NAME		, EVELYN			L. Dicere	22 N								
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NAME		A, JACQUELIN				3.2 N	AME	İ						
STREET ADDRESS	DIANT OITY FI							ADDRESS	•					
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TITLE	[DELETE	617						☐ Change	Addition	
NAME	1					6,2 N								
STREET ADDRESS	1							ADDRESS						
CITY-ST-7IP	I					6.4 C	ITY-8	ST-ZIP						

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.

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