FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 740642

ROYAL ASSEMBLY CHURCH OF THE LIVING GOD, INC.

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90268 017 ****75.00

						4			
Principal Place of Business Mailing Address								_	
1964 NW SISTRUNK BLVD 532 N.W. 20TH AVE. FT. LAUDERDALE FL 33311 US									
2 Deinoinal D	lace of Business	2a. Mailing Address		··.		Date Incorporated or Qualifed			· ·
	ace of business	26				10/28/1977			
21 26 Suite, Apt. #, etc. Suite, Apt. #,						4. FEI Number		Ap	plled For -
— ''	#, etc.	27	¬ ' '			59-1859105	Not Applicable		
City & State			City & State					\$8.75	
23	,	28				5. Certifcate of Status Desired		Fee Re	I
Zip	Country Zip			try		6. Election Campaign Financing \$5.00 May Be			
24	25 29 30					Trust Fund Contribution		Added t	o Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	tered Aç	jent	
				B1	Name				
WILLIAMS, L.W.					Street Addres	ss (P.O. Box Number is Not Acceptable)	-	<u></u> -	
532 NW 20TH AVE									
FORT LAUDERDALE FL			8	B3					
			1	B4	City		EI.	85 Zip (Code
						ration submits this statement for the purpose	FL		intornal
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 617.0503, Florid: and title if applicable. (NOTE: Re	a Statut	es.	ignature required v	's board of directors. I hereby accept the when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	NTÉ.		
TITLE	PD	☐ DELETE	1,1 TITL	 E			1	Change	☐ Addition
NAME	WILLIAMS, L.W.	1.2 N/		NAME					
STREET ADDRESS	TILLIANO, L.T.				DDRESS				
				I.4 CITY-ST-ZIP			•		
CITY-ST-ZIP		DELETE	2.1 TITLE		ur j		1	Change	Addition
· ·	CDAHAM BOREDT		2.2 NAM						j
NAME	GRAHAM, ROBERT	-			DORESS	محرور ہمینی بردی مسیور دیک استان ہے جاتے ہے جاتے ہیں ہمینیسان	rradera	~	
STREET ADORESS	384 UTAH AVE		2.4 CIT						
CITY-ST-ZIP	FT LAUDERDALE FL	ODERDALE PL 240			Zir			Change	Addition
TITLE NAME	S NICHOLSON,RUTHIE	**************************************	3.2 NAW					-	
STREET ADDRESS	443 NW 8TH AVE		3.3 STR	EET A	DDRESS			•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		3.4. CIT	Y-ST-	ZIP			·	
TITLE	D	☐ DELETE	4.1 TITL	É				Change	☐ Addition
NAME	BENNETT, BERTHA		4. 2 NA	ME					
STREET ADDRESS	532 NW 20TH AVE.		4.3 STR	EET A	DORESS				}
CITY-ST-ZIP	FT. LAUDERDALE FL	<u> </u>	4.4 CITY		ZIP				
TITLE	D	☐ DELETE	5.1 TITL			·	•	Change	Addition]
NAME	ABNER, LUCILLE		5.2 NAM						
STREET ADDRESS	2931 N.W. 7TH STREET				DORESS				
CITY+ST-ZIP	FT. LAUDERDALE FL		5.4 CITY		ZIP				- Addising
TITLE	·	☐ DELETE	6.1 TTL	Æ	- 1		•	Change	☐ 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS