

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90087 025 ****61.25

DOCUMENT # 750292

1. Corporation Name

THE TRUE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

1950 N.W. 8TH STREET
POMPANO BEACH FL 33069

Mailing Address

1950 N.W. 8TH STREET
POMPANO BEACH FL 33069



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/19/1979

4. FEI Number

59-1997356

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BLUE, JOE, JR.
1104 N.W. SISTRUNK BOULEVARD
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME BLUE, ELDER JOE JR
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE SD
NAME BLUE, DIANE W
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE T
NAME EDWARDS, WENDY
STREET ADDRESS 1971 N.W. 4 STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D
NAME FIELDS, CONNIE D.
STREET ADDRESS 991 N.W. 18TH DRIVE
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE D
NAME PATTERSON, FLOYD
STREET ADDRESS 3801 NW 161 ST
CITY-ST-ZIP OPALOCKE FL

TITLE D
NAME WILLIAMS, TIMOTHY B.
STREET ADDRESS 2681 NW 5 ST
CITY-ST-ZIP POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY
2.2 NAME ILENE FLYNN
2.3 STREET ADDRESS 424 LOCK ROAD
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR
5.2 NAME MARLENE BOYD
5.3 STREET ADDRESS 2681 NW 5 STREET APT #61
5.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

6.1 TITLE
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, with all other like empowered.

SIGNATURE: DIANE BLUE SIGNATURE REQUIRED MARCH 17, 1999 954-979-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)