

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 704026

1. Corporation Name

THE CHURCH OF THE LIVING GOD, INC.  
OF  
Delray Beach, FL 33445-2343

Principal Place of Business

Mailing Address

(Same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

5/11/62

7/13/94

4. FBI Number

65-0118537

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

(Same)

21 2555 Dolphin Drive

25

Suite, Apt. #, etc.

26

22 City & State

27 City & State

23 Delray Beach, FL

28

24 Zip

25 Country

29 Zip

30 Country

33445

USA

33445

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for filing late tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

M. A. Baldwin  
2555 Dolphin Drive  
Delray Beach, FL 33445

800001476738

-05/05/95--01011--002

\*\*\*61.25 FL \*\*\*61.25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE

Signature (typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/26/95

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | President                 |
| NAME            | Dr. I. E. Girtman         |
| STREET ADDRESS  | 2555 Dolphin Drive        |
| CITY - ST - ZIP | Delray Beach, FL 33445    |
| TITLE           | Director - Vice President |
| NAME            | Bishop R. E. Girtman      |
| STREET ADDRESS  | 3405 Grace Avenue         |
| CITY - ST - ZIP | Bronx, NY                 |
| TITLE           | Director                  |
| NAME            | G. Boges                  |
| STREET ADDRESS  | 137 S.W. 11th Avenue      |
| CITY - ST - ZIP | Delray Beach, FL          |
| TITLE           | Director                  |
| NAME            | M. Holt                   |
| STREET ADDRESS  | 805 S.W. 7th Avenue       |
| CITY - ST - ZIP | Delray Beach, FL          |
| TITLE           | Director                  |
| NAME            | R.L. Cleckley             |
| STREET ADDRESS  | 305 N.W. 4th Avenue       |
| CITY - ST - ZIP | Delray Beach, FL          |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |                                                                              |
|--------------------|------------------------|------------------------------------------------------------------------------|
| 11 TITLE           | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | M. White               |                                                                              |
| 13 STREET ADDRESS  | 3012 Grace Avenue      |                                                                              |
| 14 CITY - ST - ZIP | Bronx, N.Y.            |                                                                              |
| 21 TITLE           | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | V. Kelly               |                                                                              |
| 23 STREET ADDRESS  | 3328 Edson Avenue      |                                                                              |
| 24 CITY - ST - ZIP | Bronx, N.Y.            |                                                                              |
| 31 TITLE           | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME            | C. W. Cleckley         |                                                                              |
| 33 STREET ADDRESS  | 305 N.W. 4th Avenue    |                                                                              |
| 34 CITY - ST - ZIP | Delray Beach, FL       |                                                                              |
| 41 TITLE           | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME            | M.A. Baldwin           |                                                                              |
| 43 STREET ADDRESS  | 2555 Dolphin Drive     |                                                                              |
| 44 CITY - ST - ZIP | Delray Beach, FL 33445 |                                                                              |
| 51 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                        |                                                                              |
| 53 STREET ADDRESS  |                        |                                                                              |
| 54 CITY - ST - ZIP |                        |                                                                              |
| 61 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                        |                                                                              |
| 63 STREET ADDRESS  |                        |                                                                              |
| 64 CITY - ST - ZIP |                        |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. I. E. Girtman,

President

4/26/95 - 407-278-3763

4/26/95

- 407-278-3763