SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 AUG 30 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **704026**

1. Corporation Name
THE CHURCH OF THE LIVING GOD INC. OF DELRAY BEAC H FLORIDA

Principal Place of Business	Mailing Address
2555 DOLPHIN DR DELRAY BCH FL 33445 US	2555 DOLPHIN DR DELRAY BCH FL 33445 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/11/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0118537 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALDWIN, M.A. 2555 DOLPHIN DR DELRAY BCH FL 33445	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 DR. INEZ GIRTMAN Re Inez Girtman 7/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIRTMAN, I. E DR.		1.2 NAME	
STREET ADDRESS	2555 DOLPHIN DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIRTMAN, R. E BISHOP		2.2 NAME	300002978783--2
STREET ADDRESS	3405 GRACE AVE.		2.3 STREET ADDRESS	-09/03/99--01091--010
CITY-ST-ZIP	BRONX NY		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOGES, G.		3.2 NAME	
STREET ADDRESS	137 SW 11TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, M.		4.2 NAME	
STREET ADDRESS	805 SW 7TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CLECKLEY, R.L.		5.2 NAME	
STREET ADDRESS	305 NW 4TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, M.		6.2 NAME	
STREET ADDRESS	3012 GRACE AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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.

KE

SIGNATURE: DR. INEZ GIRTMAN Re Inez Girtman 7/26/99 561-278-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #