FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713867

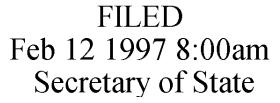
(0)

THE TRUE CHURCH OF THE LIVING GOD INC. OF JACKSO NVILLE, FL.

Prir	ncipal l	Place	of	Business
2020	PHOE	JIY A	VE	

Mailing Address

2020 DUNCARY AVE





JACKSONVILLE FL 32206		JACKSONVILLE FL 32206-3937							
		:			3. Date incorporated or Qualified 12/21/1967	00	e of Last 3/13/19	Report 96	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 39-33 NOT APPLICABLE	4. FEI Number 59-3384248 Applie				
21 1405 w. state St.		26 1405 w. state 5					lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional	
City & State	Δ	City & State			A Sizeties Occasion Size a dis-			beriupel	
23 Jacksonville, F/. 28 Jacksonville,			FL.					.00 May Be ided to Fees	
Zφ	Country		Country	,	B. This corporation has liability for it.				
24 3220	9 25 DUVAL	29 32209 30	Dur	ial .		Yes [o. 100.00E,	
	9. Name and Address of Curren				10. Name and Address of New Re	gistered A	gent		
			81	Name	•				
PETERSO	on, eddie L Sr.		82	Street A	Address (P.O. Box Number is Not Acceptab	le)			
	nnybrook ave., north								
JACKSOI	NVILLE FL 32254		83						
			84	City			85 Zip	Code	
				<u></u>		<u>FL</u>			
11. Pursuant office or ragent. La	to the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 617.1508, Florida Statutes, th of Florida. Such change was author ations of, Section 617.0503, Florida	e abov rized b Statute	e-named y the corp s.	corporation submits this statement for the p poration's board of directors. I hereby accep-	urpose of the appo	changing intment a	its registered s registered	
SIGNATURE .									
- 40	Signature, typed or printed name of registered age OFFICERS ANI			ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FOO AND	DIRECTO	DC IN 10	
12. TITLE	P OFFICERS AND	—	13. .1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	☐ Addition	
NAME	PETERSON, EDDIE L SR	_	.2 NAME			•	Ondingo	L Page	
STREET ADDRESS	3380 SUNNYBROOK AVE.			ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32254		.4 CITY-1						
TITLE	V		.1 TITLE	21 211	*************************************		Change	Addition	
NAME	OLIVER, DAVID	2	.2 NAME						
STREET ADDRESS	1051 MELSON ST.	2	3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32254		. 4 CITY-	ST-ZIP					
TITLE	\$		I.1 TITLE				Change	Addition	
NAME	MORRIS, VALERIE	3	.2 NAME	1					
STREET ADDRESS	649 PARKER ST.		.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202		.4. CITY-	ST-ZIP					
TITLE	Ι Τ	☐ DELETE	I.1 TITLE				Change	Addition	
NAME	Brannon, James	[4	I. 2 NAME	1					
STREET ADDRESS	4231 LOCKHART DR.	i 4	1.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32209		.4 CITY - 9	ST-ZIP		,			
TITLE	D		i.1 TITLE	1			Change	Addition	
NAME	WILCOX, DALE		,2 NAME						
STREET ADDRESS	1102 MONMOUTH WAY	5	i.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208		.4 CITY-!	ST-ZIP	······································		1 6	1 2	
TITLE	D		i.1 TITLE	-		Į.	Change	Addition	
NAME	PETERSON, CARLOS		,2 NAME	- 1					
STREET ADDRESS	3260 SUNNYBROOK AVE., NO			ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32254	. 6	4 CITY-	ST- ZIP					

14. 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.

SIGNATURE: ___