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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **713867** **(0)**

1. Corporation Name

THE TRUE CHURCH OF THE LIVING GOD INC. OF JACKSONVILLE, FL.

Principal Place of Business	Mailing Address
2029 PHOENIX AVE. JACKSONVILLE FL 32206	2029 PHOENIX AVE. JACKSONVILLE FL 32206-3937

3. Date Incorporated or Qualified: 12/21/1967
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business
21: 1405 w. state St.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, Fl.
24: Zip: 32209
25: Country: Duval

2a. Mailing Address
26: 1405 w. state S
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, Fl.
29: Zip: 32209
30: Country: Duval

4. FEI Number: NOT APPLICABLE 59-3384248 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, EDDIE L SR.
3380 SUNNYBROOK AVE., NORTH
JACKSONVILLE FL 32254

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, EDDIE L SR		1.2 NAME	
STREET ADDRESS	3380 SUNNYBROOK AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, DAVID		2.2 NAME	
STREET ADDRESS	1051 MELSON ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, VALERIE		3.2 NAME	
STREET ADDRESS	649 PARKER ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRANNON, JAMES		4.2 NAME	
STREET ADDRESS	4231 LOCKHART DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, DALE		5.2 NAME	
STREET ADDRESS	1102 MONMOUTH WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, CARLOS		6.2 NAME	
STREET ADDRESS	3260 SUNNYBROOK AVE., NORTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: SIGNATURE REQUIRED Eddie L. Peterson sr. Eddie L. Peterson sr. 1-27-97 (904-384-5650)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0004770