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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 713867

1. Corporation Name

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

Principal Place of Business

1405 W STATE ST
JACKSONVILLE FL 32209
US

Mailing Address

1405 W STATE ST.
JACKSONVILLE FL 32209
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/21/1967

4. FEI Number

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PETERSON, EDDIE L SR
STREET ADDRESS 3380 SUNNYBROOK AVE.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☒ DELETE
NAME OLIVER, DAVID
STREET ADDRESS 1051 MELSON ST.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☒ DELETE
NAME MORRIS, VALERIE
STREET ADDRESS 649 PARKER ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE
NAME BRANNON, JAMES
STREET ADDRESS 4231 LOCKHART DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☒ DELETE
NAME WILCOX, DALE
STREET ADDRESS 1102 MONMOUTH WAY
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☒ DELETE
NAME PETERSON, CARLOS
STREET ADDRESS 3260 SUNNYBROOK AVE., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32254

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME *Peterson Carlos*
2.3 STREET ADDRESS *3260 sunnybrook Ave. N.*
2.4 CITY-ST-ZIP *Jacksonville, FL. 32254*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME *DALE Lee*
3.3 STREET ADDRESS *2607 Larkspur Avenue*
3.4 CITY-ST-ZIP *Jacksonville, FL. 32209*

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME *James Lee*
5.3 STREET ADDRESS *2607 Larkspur Ave.*
5.4 CITY-ST-ZIP *Jacksonville, FL. 32209*

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME *Derek C. Simmons*
6.3 STREET ADDRESS *7605 Arble Dr. #8*
6.4 CITY-ST-ZIP *Jax FL 32211*

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:

SIGNATURE REQUIRED

Eddie L. Peterson Sr. - 2-15-99 904-384-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)