FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.

Principal Place	of Business	Mailing Address				- 1 SOUTH TEACH FIRST BINDS CHARACTION CONT. BLOTH BLOTH BISES GIBTH BINDS BLOTH BINDS AND IT FROM
7431 S OLD FLORAL CITY ROAD FLORAL CITY FL 34436 US		806 LEROY BELLAMY ROAD INVERNESS FL 34450 US				3. Date Incorporated or Qualified 06/06/1968 4. FEI Number Applied For 59-6518320 Not Applicable
2. Principal Pi	ace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Cou	ntry		6. This corporation owes or has paid the current year Intangible
24]	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	T Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
				"	Maine	
	y, leroy Oy bellamy RD		82 Street Ac		Street Addr	ress (P.O. Box Number is Not Acceptable)
	ESS FL 32650	83				
111161816	100 1 1 02000			84	City	as Zip Code
						FL 1
agent. I ar	to the provisions of sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligations are sections.	of Florida. Such change was ations of, Section 617,0503, Fl	authorize orida Stat	d by utes	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered age	nt and little if applicable (NO	TE: Registere	d Ager	nt signature requir	red when reinstating) DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 (1	TLE		Change Addition
NAME	BELLAMY, LEROY		1.2 NAME			
STREET ADDRESS			1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	INVERNESS FL	T Brust		TY - \$1	-ZIP	Colores C. Addition
TITLE	VD	☐ DELETE	2.1 T)			☐ Change ☐ Addition
NAME	BELLAMY, PRISCILLA		2.2 N/			
STREET ADDRESS	808 LEROY BELLAMY RD		1		ADDRESS	
TITLE	INVERNESS FL S	DELETE	2. 4 C 3.1 Tr		T-ZIP	☐ Change ☐ Addition
NAME	WILLIAM, JULIA	Descrip		3.2 NAME		
STREET ADDRESS	3649 JONAH PL.		3.3 STREET		ADDRESS	
CITY-ST-ZIP	MERNESS FL		3.4. C			
TITLE	TD	DELETE	4.1 TI		. 411	☐ Change ☐ Addition
NAME	WILSON, HOWARD		4.2 N	AME		_ · ·
STREET ADDRESS	OLD FLORAL CITY RD		4.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL		4.4 CI	TY - ST	-ZIP	
TOLE	SD	☐ DELETE	5.1 Ti	5.1 TITLE		☐ Change ☐ Addition
NAME	BELLAMY, GLADYS		5.2 NAME		[
STREET ADDRESS			5.3 S1	REET	ADDRESS	
CITY-ST-ZIP	INVERNESS FL		5.4 CI		(-ZIP	
TITLE	T	☐ DELETE	6.1 Tr			☐ Change ☐ Addition
NAME WHITE, ARTHUR			62 NAME			
STREET ADDRESS	3666 S. APOPKA				ADDRESS	
CITY-ST-ZIP	INVERNESS FL	th this filing does not qualify a	6.4 CI			Caption 119 07/3/(i) Florida Statutas 14 wither cartify that the information
Indicated officer or o	on this annual report or supplied wo director of the corporation or the rece	I annual report is true and acciver or trustee empowered to	curate and execute t	tha his r	it my signatul eport as requ	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an uired by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: LCTOY BC/10My SIGNATURE: LCTOY BC/10My

FILED

Mar 02 1998 8:00am

Secretary of State