

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90013 002 ****61.25

DOCUMENT # 714722

1. Corporation Name

GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

7431 S OLD FLORAL CITY ROAD
FLORAL CITY FL 34436
US

Mailing Address

806 LEROY BELLAMY ROAD
INVERNESS FL 34450
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/06/1968

4. FEI Number

59-6518320

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

BELLAMY, LEROY
806 LEROY BELLAMY RD
INVERNESS FL 32650

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 PD ☐ DELETE
NAME BELLAMY, LEROY
STREET ADDRESS 806 LEROY BELLAMY RD
CITY-ST-ZIP INVERNESS FL

TITLE VD ☐ DELETE
NAME BELLAMY, PRISCILLA
STREET ADDRESS 806 LEROY BELLAMY RD
CITY-ST-ZIP INVERNESS FL

TITLE S ☐ DELETE
NAME WILLIAM, JULIA
STREET ADDRESS 3649 JONAH PL.
CITY-ST-ZIP INVERNESS FL

TITLE SD ☐ DELETE
NAME BELLAMY, GLADYS
STREET ADDRESS 416 WASHINGTON AVE.
CITY-ST-ZIP INVERNESS FL

TITLE T ☐ DELETE
NAME WHITE, ARTHUR
STREET ADDRESS 3666 S. APOPKA
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *X Leroy Bellamy* SIGNATURE REQUIRED: *Leroy Bellamy* 2-8-99 352-726-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)