

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **721040 (4)**
1. Corporation Name
THE IMMANUEL HOLINESS CHURCH OF THE LIVING GOD



Principal Place of Business: **2108 EAST IDA STREET TAMPA FL 33610**
Mailing Address: **2108 EAST IDA STREET TAMPA FL 33610**

3. Date Incorporated or Qualified: **05/27/1971**
3a. Date of Last Report: **01/13/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-3280340	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAWSON, JAMES E 2807 19TH STREET TAMPA FL 33610				81	Name	SAME	
				82	Street Address (P.O. Box Number is Not Acceptable)	19216 Ridgeway Drive	
				83			
				84	City	LUTZ	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, JAMES E		1.2 NAME	same	
STREET ADDRESS	5807 19TH ST.		1.3 STREET ADDRESS	19216 Ridgeway Drive	
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, COLLER		2.2 NAME	SAME	
STREET ADDRESS	5443A GINGER COVE DR.		2.3 STREET ADDRESS	1000A Katie Court	
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JOYCE		3.2 NAME		
STREET ADDRESS	2204 E. 132ND AVE., APT-H		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCK, JOE		4.2 NAME	EMMA Lillie	
STREET ADDRESS	3504 E. 26TH AVE.		4.3 STREET ADDRESS	2823 E. Ida Street	
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BARBARA J		5.2 NAME		
STREET ADDRESS	2506 E. LAKE APT. 486		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, DOROTHY		6.2 NAME	same	
STREET ADDRESS	1505 W. SLIGH AVE.		6.3 STREET ADDRESS	10610 N. 30th Street Apt. # 35D	
CITY-ST-ZIP	TAMPA FL 33604		6.4 CITY-ST-ZIP	TAMPA, FL 33612	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James E. Dawson* **JAMES E. DAWSON, Pres. 2/18/96 (813) 886-1708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)