

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 # 733184 (6)

1. Corporation Name

**THE HOUSE OF GOD, WHICH IS THE CHURCH OF THE LIV
ING GOD, THE PILLAR AND GROUND OF THE TRUTH.**



Principal Place of Business
**3404 SHADY BROOK LANE
SARASOTA FL 34243**

Mailing Address
**3404 SHADY BROOK LANE
SARASOTA FL 34243**

3. Date Incorporated or Qualified **06/24/1975** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 62-0727438		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30 Zip Country			

9. Name and Address of Current Registered Agent

**TICE, ELDER J.
RT 8, BOX 736
ARCADIA FL 33821**

10. Name and Address of New Registered Agent

81 Name	Tice, General Elder James		
82 Street Address (P.O. Box Number is Not Acceptable)	1737 SW Harlem Circle		
83			
84 City	Arcadia	85 Zip Code	FL 33821

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, BISHOP J., C.	1.2 NAME	
STREET ADDRESS	3404 SHADY BROOK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, GEN. ELDER C.L.	2.2 NAME	
STREET ADDRESS	514 N.W. 6 AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, REBECCA	3.2 NAME	Thomas, Elder Martha J.
STREET ADDRESS	203 NEW BRICK CHURCH PIKE	3.3 STREET ADDRESS	821 Magnolia Court E
CITY - ST - ZIP	GOODLETTSVILLE TN	3.4 CITY - ST - ZIP	Nashville, TN 37221
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, EDLER, J	4.2 NAME	Tice, General Elder James
STREET ADDRESS	RT 8, BOX 736	4.3 STREET ADDRESS	1737 SW Harlem Circle
CITY - ST - ZIP	ARCADIA FL	4.4 CITY - ST - ZIP	Arcadia, FL 33821
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BISHOP C. E.	5.2 NAME	100001742011
STREET ADDRESS	22 RIPLEY STREET	5.3 STREET ADDRESS	-03/13/96--01105--006
CITY - ST - ZIP	ROCHESTER, NY.	5.4 CITY - ST - ZIP	***70.00
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, STEWART	6.2 NAME	Palmer, Deacon Willie Joe
STREET ADDRESS	1557 22ND STREET	6.3 STREET ADDRESS	1409 10th Avenue E
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	Bradenton, FL 34208

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: *Bishop J.C. Elliott* **Bishop J.C. Elliott February 1, 1996 (941)355-1491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)