## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

733184

(6)

## THE HOUSE OF GOD, WHICH IS THE CHURCH OF THE LIVING GOD, THE PILLAR AND GROUND OF THE TRUTH,

| Principal Place of Business                |   | Mailing Address  |                  |                      | T (BBILL FOREND IIIND FRIDI JAFAN INILI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI |                                       |                         |                        |
|--|---|--|------------------|----------------------|---|---------------------------------------|-------------------------|------------------------|
| 3404 SHADY BROOK LANE<br>SARASOTA FL 34243 |   | 3404 SHADY BROOK LANE<br>SARASOTA FL 34243-4832                  |                  |                      |   |                                       |                         |                        |
|  |   |  |                  |                      | 3. Date Incorporated or Qualified 06/24/1975  |                                       | of Last Re<br>3/13/19   |                        |
| 2. Principal Pi                            | ace of Business   | 2a. Mailing Address  |                  |                      | 4. FEI Number   |                                       | Ap                      | plied For              |
| 21   |   | 26   |                  |                      | 62-0727438  |                                       |                         | t Applicable           |
| Suite, Apt. :                              | #, etc.   | Suite, Apt. #, etc.  |                  |                      | 5. Certificate of Status Desired  | (X)                                   | <b>8.75</b> A<br>Fee Re | Additional<br>iquired  |
| City & State                               | )   | City & State   | ······           |                      | 6. Election Campaign Financing  |                                       | \$5.00                  |                        |
| 23   | Country   | <b>28</b>  | Count            |                      | Trust Fund Contribution   |                                       | Added t                 |                        |
| Zip<br><b>24</b> ]                         | Country 25  | 29   | 30               | ry                   | This corporation has liability for Florida Statutes                                     | or intangible tax                     |                         | 199.032,               |
|  | 9. Name and Address of Curren   | l Registered Agent   | 144              |                      | 10. Name and Address of New F   | Registered Age                        | nt                      |                        |
|  |   |  | 8                | 1 Name               |   |                                       |                         |                        |
| TICE, JAMES                                |   |  | 8                | 2 Street Add         | dress (P.O. Box Number is Not Accept  | able)                                 | <del></del>             |                        |
|  | V HARLEM CIR<br>A FL 33821  |  |                  | 3                    |   |                                       |                         |                        |
| 7410710                                    |   |  | 8                | 4 City               |   | FL                                    | 35 Zip (                | Code                   |
| 11 Discussion                              | to the provisions of Sections £17.050   | and 617 1509 Florida State                                       | iton the obe     | No pamed see         | rporation submits this statement for the  |                                       | anging it               | n rocistored           |
| office or re                               | egistered agent, or both, in the State<br>familiar with, and accept the obliga      | of Florida. Such change was                                      | authorized       | by the corpora       | ation's board of directors. I hereby acc  | ept the appoint                       | tment as                | registered             |
| SIGNATURE _                                |   |  |                  |                      |   |                                       |                         |                        |
| 12.  | Signature, typed or pointed name of registered ager<br>OFFICERS AND                 |  | TE: Registered / | igent signature requ | ulred when reinstating) ADDITIONS/CHANGES TO OFF  | DATE<br>FICERS AND DI                 | DECTOR                  | S IN 12                |
| TITLE                                      | P   | DELETE   | 1.1 TITL         | :                    | ADDITIONS/OFFAINGES TO OFF  |                                       | Change                  | Addition               |
| NAME                                       | ELLIOTT, BISHOP J., C.  |  | 1.2 NAM          |                      |   | <u></u>                               |                         |                        |
| STREET ADDRESS                             | 3404 SHADY BROOK LANE   |  | 1                | ET ADDRESS           |   |                                       |                         |                        |
|  | SARASOTA FL   |  |                  | -ST-ZIP              |   |                                       |                         |                        |
| CITY-ST-ZIP<br>TITLE                       | D   | ☐ DELETE   | 2 1 TITL         | - +                  | · · · · · · · · · · · · · · · · · · ·   |                                       | Change                  | Addition               |
| NAME                                       | HOLT, GEN.ELDER C.L.  | <b>—</b>   | 22 NAM           |                      |   |                                       |                         |                        |
| STREET ADDRESS                             | 514 N.W. 6 AVE.   |  |                  | ET ADDRESS           |   |                                       |                         |                        |
| CITY-SI-ZIP                                | HALLANDALE FL   |  |                  | (-ST-ZIP             |   |                                       |                         |                        |
| TITLE                                      | S   | ☐ DELETE   | 3 1 TITE         |                      | ······································  | [                                     | Change                  | Addition               |
| NAME                                       | THOMAS, MARTHA J  |  | 3.2 NAM          | 1                    |   | -                                     | *                       |                        |
| STREET ADDRESS                             | 821 MAGNOLIA CT E   |  |                  | ET ADDRESS           |   |                                       |                         |                        |
| CITY-ST-ZIP                                | NASHVILLE TN 37221  |  |                  | (-ST-ZIP             |   |                                       |                         |                        |
| TOLE                                       | T   | ☐ DELETE   | 4.1 TITL         |                      |   |                                       | Change                  | Addition               |
| NAME                                       | TICE, EDLER, J  |  | 4.2 NA           | AE                   |   |                                       |                         |                        |
| STREET ADDRESS                             | 1737 SW HRLEM CIR   |  | 4.3 STR          | ET ADDRESS           |   |                                       |                         |                        |
| CITY-S1-ZIP                                | ARCADIA FL  |  | 4.4 CITY         | -ST-ZIP              |   |                                       |                         |                        |
| TITLE                                      | D   | DELETE   | 5.1 TITL         | E                    | · · · · · · · · · · · · · · · · · · ·   |                                       | Change                  | Addition               |
| NAME                                       | CAMPBELL, BISHOP C. E.  |  | 5.2 NAM          | E                    |   |                                       |                         |                        |
| STREET ADDRESS                             | 22 RIPLEY STREET  |  | 5.3 STR          | ET ADDRESS           |   |                                       |                         |                        |
| CITY-ST-ZIP                                | ROCHESTER, NY.  |  | 5.4 CITY         | -ST-ZIP              |   |                                       |                         |                        |
| TITLE                                      | 0   | ☐ DELETE   | 6.1 TłTL         |                      |   |                                       | Change                  | Addition               |
| NAME                                       | PALMER, WILLIE J  |  | 6.2 NAN          | E                    |   |                                       |                         |                        |
| STREET ADDRESS                             | 1409 10TH AVE E   |  | 6.3 STR          | EET ADDRESS          |   |                                       |                         |                        |
| CHTY+ST-ZIP                                | <b>BRADENTON FL 34208</b>   |  | 6.4 CITY         | -ST-ZIP              |   |                                       |                         |                        |
| 14. I do heret                             | by certify that the information supplied  |  |                  |                      | ed in Section 119.07(3)(i), Florida Statu   |                                       |                         |                        |
| informatio<br>Lam an of                    | ri indicated on this annual report or s<br>fficer or director of the corporation or | uppieriterital annual report is<br>the regetiver or trustee empo | wered to ex      | ecute this rep       | at my signature shall have the same le<br>ort as required by Chapter 617, Florida       | gai ellect as if i<br>a Statutes; and | that my r               | uei vain; inat<br>name |

IGNATURE: January 27, 1997 (941) 355-1491

SIGNATURE: January 27, 1997 (941) 355-1491

Date Daytime Phone # 0063806