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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

Mailing Address

**3404 SHADY BROOK LANE
SARASOTA FL 34243**

**3404 SHADY BROOK LANE
SARASOTA FL 34243**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	06/24/1975	
4. FEI Number	62-0727438	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent

**TICE, JAMES
1737 SW HARLEM CIR
ARCADIA FL 33821**

10. Name and Address of New Registered Agent

81 Name	TICE, JAMES	
82 Street Address (P.O. Box Number is Not Acceptable)	1737 SW HARLEM CIRCLE	
83		
84 City	ARCADIA	85 Zip Code FL 34266

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:  **General Elder James Tice** **January 14, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	ELLIOTT, BISHOP J. C.
STREET ADDRESS	3404 SHADY BROOK LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLT, GEN. ELDER C.L.
STREET ADDRESS	514 N.W. 6 AVE.
CITY-ST-ZIP	HALLANDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	THOMAS, MARTHA J
STREET ADDRESS	821 MAGNOLIA CT E
CITY-ST-ZIP	NASHVILLE TN 37221
TITLE	T <input type="checkbox"/> DELETE
NAME	TICE, EDLER, J
STREET ADDRESS	1737 SW HARLEM CIR
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMPBELL, BISHOP C. E.
STREET ADDRESS	22 RIPLEY STREET
CITY-ST-ZIP	ROCHESTER, NY.
TITLE	D <input type="checkbox"/> DELETE
NAME	PALMER, WILLIE J
STREET ADDRESS	1409 10TH AVE E
CITY-ST-ZIP	BRADENTON FL 34208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TICE, ELDER JAMES
4.3 STREET ADDRESS	1737 SW HARLEM CIRCLE
4.4 CITY-ST-ZIP	ARCADIA FL 34266
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAMPBELL, BISHOP C. E.
5.3 STREET ADDRESS	5775 HENRIETTA ROAD
5.4 CITY-ST-ZIP	RUSH, NY 14543
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **Bishop J.C. Elliott** **1/14/98** **(941) 355-1491**
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/97)