

FILE NOW: FILING FEE IS \$61.25

FILED

**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 3404 SHADY BROOK LANE SARASOTA FL 34243	Mailing Address 3404 SHADY BROOK LANE SARASOTA FL 34243
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3. Date Incorporated or Qualified
06/24/1975

4. FEI Number 62-0727438	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 State	FL
86 Zip Code	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: *James Tice* General Elder James Tice January 14, 1998

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	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* Bishop J.C. Elliott 1/14/98 (941) 355-1491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055000

CRE037 (10/97)