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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90087 014 \*\*\*\*70.00

Χ

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

06/24/1975

62-0727438

4. FEI Number

## **DOCUMENT #** 733184

1. Corporation Name
THE HOUSE OF GOD, WHICH IS THE CHURCH OF THE LIVING GOD, THE PILLAR AND GROUND OF THE TRUTH, WITHOUT CONTROVERSY

26

Principal Place of Business 3404 SHADY BROOK LANE SARASOTA FL 34243

2. Principal Place of Business

Suite, Apt. #, etc.

City & State.

21

22

Mailing Address 3404 SHADY BROOK LANE SARASOTA FL 34243

2a. Mailing Address

Suite, Apt. #, etc.

City & State

28	City &	State	City & Stat	e			5. Certificate of Status Desired	ı XÖ.	ΨO.1	J Addi	uonai
25   25   29   30   Trust Fund Contribution   Added to Fees	23						Gertificate of Status Desiled		Fee Required		
10, Name and Address of New Registered Agent	– √Zip				Country	·	6. Election Campaign Financi	ng 🖳	~~\$5 <u>.</u>	00 Ma	у Ве
10, Name and Address of New Registered Agent	24	25 29 30					Trust Fund Contribution		Ado	led to F	ees
TICE, JAMES		9. Name and Address of Current R	egistered Agen	t			10. Name and Address of Ne	w Registered	Agent		
ARCADIA FL 34266  ***  ***  ***  ***  ***  ***  ***					81	Name					
ARCADIA FL 34266  2  2  44 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1509. 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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered depends on the provisions of registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered depends on the provisions of the purpose of changing its registered agent, or both in the statement for the purpose of changing its registered office or registered depends on the purpose of changing its registered agent, or both in the State of Change agent age					82	Stroot Add	trees (P.O. Roy Number is Not Acce	entable)		<del></del>	
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 office or registered agent, and accept the obligations of, Section 617 0503, Florida Statutes.  **SIGNATURE**  **Test pools of private 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 differences. The properties of the provision of the provisi		1737 SW HARLEM CIRCLE					31 Street Address (F.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Finitia 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change agent and the state of Fiorida agent and state of Fiorida agent and state agent and	ARC	CADIA FL 34266			83						
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Finitia 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change agent and the state of Fiorida agent and state of Fiorida agent and state agent and									Teel :		
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change agent and time if acplicable.    Signature   Part   Additional Part	5				84	City		FI	85 4	zip Codi	е
Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I neresty accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I neresty accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In the companies of agents with, and accept the obligations of, Section 617,0503, Florida Statuties.    Signature, by the companies of agents agent and life if applicable.   (NOTE Registered Agent separation required when remaining)   (DATE   1.5	44 Dum	uent to the provisions of Sections 617 0502 at	nd 617 1508 Flo	rida Statutes th	ne abovi	Le-named.com	poration submits this statement for	the numose of	changing	a its rea	istered
Signature transfer familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    Signature   Signature	· office	e or registered agent, or both, in the State of F	Florida. Such cha	inge was author	ızed by	the corporat	tion's board of directors. I hereby ac	cept the appoi	ntment a	s registe	ered
12	· ager	t. I am familiar with, and accept the obligation	ns of, Section 617	7.0503, Florida \$	Statutes	i.					
12.	SIGNATI	JRÉ				<del></del>		CATE			
TITLE P						nt signature requir			יט עופבי	CTORS	IN: 12
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STREET ADDRESS   34 0 4 SHADY BROOK LANE   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	<del>-</del>	_							igo L	
CITY_ST_ZP    SARASOTA   FL   34243   14CITY_ST_ZIP	NAME	· ·									
TITLE	STREET ADD	ress 3404 SHADY BROOK LANI	E	li.	1.3 STREE	TADDRESS					
NAME	CITY-ST-ZIF	SARASOTA FL 34243			1.4 CITY-S	T-ZIP					
STREET ADDRESS   STANDALE   ELDER C. L.	TITLE	D		DELETE :	2.1 TITLE				Chai	nge (	] Addition
STREET ADDRESS   S14 NW 6 AVENUE   Change   Ch	NAME	HOLT, GENERAL ELDER (	C. L.	:	2.2 NAME						
CITY-ST-ZIP	STREET ADD	-	_·	1:	2.3 STREE	TADDRESS					
TITLE	CITY-ST-ZIE		a.	B:	2. 4 CITY-5	ST-ZIP					
NAME	_			DELETE :	3.1 TITLE				☐ Char	nge [	Addition
STREET ADDRESS   STRE		"			3.2 NAME						
NASHVILLE TN 37221   34.CITy-St-ZIP					3.3 STREE	TADORESS					
TITLE		MACINITIE TH 77221									
TICE, ELDER JAMES		т				51-21			Cha	nge	Addition
STREET ADDRESS		TICE FIDER JAMES								-	
CITY-ST-ZIP		1979 ON HADIRM CIDOLI	E								
TITLE D DELETE 5.1 TITLE CAMPBELL, BISHOP C. E. 5.2 NAME  STREET ADDRESS CITY-ST-ZIP RUSH NY 14543 5.4 CITY-ST-ZIP  TITLE D D DELETE 6.1 TITLE  NAME PALMER, WILLIE J 6.2 NAME		ADCADIA EL 74366	تا	•							
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STREET ADDRESS  5775 HENRIETTA ROAD  CITY-ST-ZIP  TITLE  D  DELETE  NAME  PALMER, WILLIE J  53 STREET ADDRESS 54 CITY-ST-ZIP  6.1 TITLE  6.2 NAME			_			1				ფა [	
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STREET ADDRESS 1409 -10TH AVENUE E 6.3 STREET ADDRESS	NAME	PALMER, WILLIE J			6.2 NAME						
	STREET ADO				6.3 STREE	TADDRESS					
CITY-ST-ZIP BRADENTON FL 34208 6.4 CITY-ST-ZIP	CITY-ST-ZIF			(	6.4 CITY-S	T-ZIP		_			

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

BISHOP J. C. ELLIOTT, PRESIDENT 04/05/99 941-355-1491