FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750292

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

_(5)

THE TRUE CHURCH OF THE LIVING GOD, INC.

1980 NW 8TH STREET 1980 NW 8TH STREET NORSES 1980 NW 8TH NW 8TH STREET NORSES 1980 NW 8TH NW 8TH STREET NORSES 1980 NW 8TH NW	L							
POMPANO BEACH FL 33069 PER INCIDION S. FEI Number S. 1997356 Not Applicable S. Certificate of Status Desired Fee Required	Principal Place of Business Mailing Address]	
POMPANO BEACH FL 30069 POMPANO BEACH FL 30069 4. FEI NUMBER OF BUSINESS 28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Election Campaign Financing Trust Functional Contribution Address Science Apt. #, etc. 27. Is this nonprofit corporation a horsewines association? 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Election Campaign Financing Trust Functional Financing Trust Func	1950 N.W. 8TH STREET 1950 N.W. 8TH STREET						3. Date Incorporated or Qualified	
4. FEI Number 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 3.							1 ' /	
Spring Place of Business 2a Mailing Address 5c Certificate of Status Desired \$8.75 Additional Status \$9.75 Add								
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired \$8.75 Additional Fee Required 25. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Suite, Apt. #, etc. 6. Suite, Apt. #, etc. 7. Suite, Apt. #, etc.	}						\- 	
Suite, Apt. #, etc. City & State Responsible on the comporation owner or has paid the current year Intagrible on the City of the City	2. Principal F	2. Principal Place of Business 2a. Mailing Address					60.75	
City & State Ci	21		26	<u></u>			1 3. Certificate of Status Desired	
City & State Zip Country Zip Country Zip Country Zip Country Zip Country At his corporation owes or has paid the current year Intagnicle Personal Property Tax due June 30.	Suite, Apt.	#, etc.	 _ ,					
Zip				_ 			11001 0112 0011011011	
Zip Country Zip Sol 30 Sol Personal Property Tax due June 30. Set Inscription owes or has paid the current year Interpolible Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription of Personal Property Tax due June 30. Set Inscription Personal Property Set Inscription Person		le						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name BLUE, JOE, JR. 1104 N.W. SISTRUNK BOULEVARD FORT LAUDERDALE FL 33311 12. Street Address (P.O. Box Number is Not Acceptable) 13. 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, and familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby 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 hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or priside name of requirered agent and this fapericable. NOTE: Registered Agent signature required when releasting. DATE 12. OFFICERS AND DIRECTORS IN 12. TITLE PD D DELETE 1.1 TITLE DELETE 1.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition WAME BLUE, DIANE W 1.2 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 NAME SIDE ADDRESS AGENT, ST. 2P Change Addition WILLIAMS, SONYA L. 3.1 TITLE T LAUDERDALE, FL 00000 DELETE 3.1 TITLE T LAUDERDALE, FL 00000 DELETE 4.1 TITLE D MARK AGENT ADDRESS FT LAUDERDALE, FL 00000 DELETE 4.1 TITLE D MARK AGENT ADDRESS PS 7/ N.W. 4/ STREET Change Addition Addition Addition Addition Addition ADDITIONS CHANGES OF NEW AGENT A	23 Zin	Country		Cour			 	
9. Name and Address of Current Registered Agent BLUE, JOE , JR. 1104 N.W. SISTRUNK BOULEVARD FORT LAUDERDALE FL 33311 83 84 City FL 85 Zip Code 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Interest Address (P.O. Box Number is Not Acceptable) 15. FL 95 Zip Code 16. City FL 95 Zip Code 16. City FL 95 Zip Code 16. City FL 95 Zip Code 17. Pursuant to the provisions of Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist	└	- -		 -	u y		· — · — ·	
BLUE, JOE , JR. 1104 N.W. SISTRUNK BOULEVARD FORT LAUDERDALE FL 33311 83 84 City 15. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered organi, 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 lamiliar 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 PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.2 TITLE SD DELETE 1.3 TITLE SD DELETE 2.1 TITLE SD DELETE 2.1 TITLE SD DELETE 2.1 TITLE SD DELETE 3.1 TITLE SD Change Addition Addition STRET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 STRET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STRET ADDRESS 1108 1/2 NW SISTRUNK BLV 3.3 STRET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STRET ADDRESS 1108 1/2 NW SISTRUNK	24							
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 186 ff applicable. NAME STREET ADDRESS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 ITTLE PD DELETE 1.1 ITTLE PD DELETE 1.2 INTLE PD DELETE 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 3.3 STREET ADDRESS 4233 N.W. 25TH PLACE 1.3 TITLE D D D DELETE 4.1 TITLE D Change Addition Addition STREET ADDRESS 93 N.W. 25TH PLACE 1.1 TITLE Change Addition Addition Addition ADDRESS STREET ADDRESS 91 N.W. 18TH DRIVE 4.3 STREET ADDRESS				18	1 Nam	e		
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 186 ff applicable. NAME STREET ADDRESS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 ITTLE PD DELETE 1.1 ITTLE PD DELETE 1.2 INTLE PD DELETE 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 3.3 STREET ADDRESS 4233 N.W. 25TH PLACE 1.3 TITLE D D D DELETE 4.1 TITLE D Change Addition Addition STREET ADDRESS 93 N.W. 25TH PLACE 1.1 TITLE Change Addition Addition Addition ADDRESS STREET ADDRESS 91 N.W. 18TH DRIVE 4.3 STREET ADDRESS	RILIE IOE ID						200 0 A V = (- 1 A V A V - 1 A V A V A V A V A V A V A V A V A V A	
FORT LAUDERDALE FL 33311 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 hereby accept the appointment as registered agent and talls if applicable. SIGNATURE Signature, typed or privated name of registered agent and talls if applicable. PD		,	*	82 Street Address (P.O. Box Number is Not Acceptable)				
Sections 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, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, Npeed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	I				3			
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 hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	TOM CHOPEIDING I COOTT				1 0		log Little Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent dignature required when reinesoting) DATE							FL 85 Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent dignature required when reinesoting) DATE	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							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent dignature required when reinesoting) DATE	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, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	l						\$	
TITLE PD DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE T DELETE 3.1 TITLE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE T DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 4.2 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP 6.5 M.D.R.N.D. BEACH, FH. 3.3 OLD CHANGE Addition 5.5 TREET ADDRESS 5.4 CITY-ST-ZIP 6.5 M.D.R.N.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D					gent signat	berîuper eru		
NAME BLUE, ELDER JOE JR STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 1.4 CITY-ST-ZIP TITLE SD NAME BLUE, DIANE W STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.2 NAME STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 2.4 CITY-ST-ZIP TITLE T NAME WILLIAMS, SONYA L. 3.2 NAME STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 3.4 CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 4.1 TITLE D Change Addition Change Addition STREET ADDRESS 991 N.W. 18TH DRIVE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 MAME 4.3 STREET ADDRESS 991 N.W. 18TH DRIVE 1.4 CITY-ST-ZIP 1.5 MAME 1.5 NAME 1.6 MAGINION 1.6 MAGINION 1.7 MAGINION 1.7 MAGINION 1.8 MAG				_		T -		
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV CITY-ST-ZIP TITLE SD LDELETE 2.1 TITLE SD NAME BLUE, DIANE W STREET ADDRESS 1108 1/2 NW SISTRUNK BLV CITY-ST-ZIP TITLE T DELETE 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE T NAME WILLIAMS, SONYA L. STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.3 STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.4 CITY-ST-ZIP FO M D AND BEACH, F-1 33 OLD TITLE NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 1.3 STREET ADDRESS 4.3 STREET ADDRESS			CT OSTETE			-	C orange C Addition	
CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE SD NAME BLUE, DIANE W STREET ADDRESS 1108 1/2 NW SISTRUNK BLV CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE T NAME WILLIAMS, SONYA L. STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.3 STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.4 CITY-ST-ZIP FO M D AND BEACH, FL 33 OLD TITLE NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 1.4 CITY-ST-ZIP Change Addition Addition Addition Addition 4.2 NAME 4.3 STREET ADDRESS 991 N.W. 18TH DRIVE				1	_			
TITLE SD DELETE 2.1 TITLE Change Addition NAME BLUE, DIANE W STREET ADDRESS 1108 1/2 NW SISTRUNK BLV 2.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE T NAME WILLIAMS, SONYA L. STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 4.1 TITLE NAME FIELDS, CONNIE D. 991 N.W. 18TH DRIVE Change Addition Addition Addition Addition Addition Addition Addition 4.2 NAME 4.3 STREET ADDRESS 991 N.W. 18TH DRIVE				,		1		
NAME BLUE, DIANE W STREET ADDRESS 1108 1/2 NW SISTRUNK BLV CITY-ST-ZIP TITLE T NAME WILLIAMS, SONYA L. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 4.1 TITLE D Addition			I DELETE	_			Change Addition	
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.1 TITLE T NAME WILLIAMS, SONYA L. STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 4.1 TITLE D DELETE 4.1 TITLE NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP WENCY Edwards 3.2 NAME 3.3 STREET ADDRESS 991 N.W. 18TH DRIVE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP WENCY Edwards 3.3 STREET ADDRESS 991 N.W. 18TH DRIVE 4.4 TITLE 4.7 NAME 4.3 STREET ADDRESS 991 N.W. 18TH DRIVE			000,10			1		
CITY-ST-ZIP FT LAUDERDALE, FL 00000 DELETE 3.1 TITLE T NAME WILLIAMS, SONYA L. 3.2 NAME STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 4.1 TITLE D Addition		,		II -		.		
TITLE T DELETE 3.1 TITLE NAME WILLIAMS, SONYA L. STREET ADDRESS 4233 N.W. 25TH PLACE CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE D DELETE 3.1 TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1971 N.W. 4 5 free 1 3.4 CITY-ST-ZIP FOM PAND BEACH, F1 33 06 0 TITLE D DELETE 4.1 TITLE NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE DELETE 4.3 STREET ADDRESS								
TITLE D L DELETE 4.1 TITLE Change Addition NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS		T	DELETE	_		17	✓ Change	
TITLE D L DELETE 4.1 TITLE Change Addition NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS		WILLIAMS, SONYA I				WE	endy Edwards	
TITLE D L DELETE 4.1 TITLE Change Addition NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS	· -					197	11 N.W. 4 STREET	
TITLE D L DELETE 4.1 TITLE Change Addition NAME FIELDS, CONNIE D. STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS					3.4. CITY-ST-ZIP		DAKE BEACH H 33060	
STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS			DELETE				☐ Change ☐ Addition	
STREET ADDRESS 991 N.W. 18TH DRIVE 4.3 STREET ADDRESS	NAME	FIELDS, CONNIE D.		4. 2 NAM	E	}		
				4.3 STRE	ET ADDRESS	: (
	CITY-ST-ZIP			4,4 CITY	ST-ZIP			

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATTERSON, FLOYD

WILLIAMS, TIMOTHY B.

3801 NW 161 ST

OPALOCKE FL

2681 NW 5 ST

POMPANO BCH FL

f - 23 - 98 954 - 979 - 7899 Date Daytime Phone it ma

☐ Change

___ Change

___ Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State

A TERRITA CORRA BLANK ROOMER KARIB HAND BANDA BARAK BARAK