

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 753397

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH

Current Principal Place of Business:

818 FOURTH STREET
PO BOX 2514
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

818 FOURTH STREET
PO BOX 2514
WEST PALM BEACH, FL 33401

New Mailing Address:

OFFICE OF THE GENERAL SECRETARY
PO BOX 830384
TUSKEGEE, AL 36083

FEI Number: 59-6604263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, HELEN M
818 4TH ST
WEST PALM BEACH FL, FL 33401 US

Name and Address of New Registered Agent:

LEWIS, LUKE D
818 4TH ST
WEST PALM BEACH FL, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUKE D. LEWIS

05/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, DANIEL,
Address: 832 N DRAKE
City-St-Zip: CHICAGO, IL

Title: ST () Delete
Name: LEWIS, MEHARRY H,
Address: 601 ALEXANDER ST
City-St-Zip: TUSKEGEE, AL 36083

Title: P () Delete
Name: LEWIS, HELEN M,
Address: 818 4TH ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DAVIS, T L,
Address: 1339 NW 15 AVENUE
City-St-Zip: OCALA, FL

Title: D () Delete
Name: RIVERS, JAMES K
Address: 5834 HARRIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, MEHARRY H
Address: 2301 TENITA AVENUE
City-St-Zip: TUSKEGEE, AL 36083

Title: ST (X) Change () Addition
Name: LOCKHART, GLORIA L
Address: 954 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change () Addition
Name: LEWIS, LUKE D
Address: 818 4TH ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: DAVIS, T. L
Address: 1339 NW 15 AVENUE
City-St-Zip: OCALA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEHARRY H. LEWIS

P

05/01/2002

Electronic Signature of Signing Officer or Director

Date