2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753397

FILED Feb 12, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 818 FOURTH STREET PO BOX 2514 WEST PALM BEACH, FL 33401 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEWIS, MEHARRY H Name: Name: 2301 TENITA AVENUE Address: Address: City-St-Zip: TUSKEGEE, AL 36083 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOCKHART, GLORIA L Name: Address: 954 44TH STREET Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition LEWIS, LUKE D Name: Name: Address: 818 4TH ST Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, T. L Name: Name: 1339 NW 15 AVENUE Address: Address: City-St-Zip: OCALA, FL City-St-Zip: Title: Title: () Delete () Change () Addition RIVERS, JAMES K Name: Name: 5834 HARRIS AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 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 DR. 02/12/2004