

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 753397

FILED  
Jan 31, 2003  
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:**

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

**New Mailing Address:**

**FEI Number:** 59-6604263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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

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

Title: D ( ) Delete  
Name: LEWIS, LUKE D  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

01/31/2003

Electronic Signature of Signing Officer or Director

Date