CR2E037 (11/98)

864-984-7090 Dayling Phone #

FILE NOW: FILING FEE IS \$61.25.

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COF ANNI	NONPROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPAR Katherin Secretary DIVISION OF CO			is e	FILED	
DOCUMENT # 756915					99 MAR 29 AM 9: 36	
1. Corporation Name LIVING FAITH CHURCH OF FLORIDA, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
					I VET VIVO 25EE' LEONIO	м
Principal Place of Business Mailing Address 1032 S. HARPER P.O. BOX 268 LAURENS SC 29360 LAURENS SC 29360						
2. Principal Place of Business		—	2a. Mailing Address		3. Date incorporated or Qualifed 03/24/1981	
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		4. FEI Number 59-2105305	Applied For
City & Stat	27 & State City & State		 -	······································		Not Applicable \$8.75 Additional
23	28				5. Certificate of Status Desired	Fee Required
Zip	Country Zip C 25 29 30		Cou	ntry	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registe	
5757 66T	, robert 'H St N, lot 204 'Rsburg Fl 33709			82 Street Add8384 City	iress (P.O. Box Number is Not Acceptable)	EL 85 Zip Code
11. Pursuant office or i agent. I a SIGNATURE	registered agent, or both, in the um familiar with, and accept the	a State of Florida. Such change a obligations of, Section 617.050	Statutes, the all was authorized 3, Florida Statu	pove-named corporations.	poration submits this statement for the purposion's board of directors. I hereby accept the ap	of changing its registered
12.	Signature, typed or printed name of regist	tered agent and title if applicable.	(NOTE Registered	Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELI		NE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	MCEACHERN, A OLIVER		1.2 NA		500000283	
STREET ADDRESS			1.3 ST	REET ADDRESS	-04/06/98-	-01073027
CITY-ST-ZIP	LAURENS SC 29360			Y-ST-ZIP	*********	0 *****70.00
TITLE NAME	110710110011 1011111		21 TIT			Change Addition
STREET ADDRESS				REET ADORESS		
CITY-\$1-ZIP	LAURENS SC 29360		2 4 CF	TY-ST-ZIP		
TITLE	4440046 19404 6					Change Addition
NAME	Harris, Linda s 147 Pennington Rd.		3.2 NA	- 1		
STREET ADDRESS CITY-ST-ZIP	FOUNTAIN INN SC 29644			REET ADDRESS		
TITLE						☐ Change ☐ Addition
NAME			. 4.2 N	WE		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE		Y-ST-ZIP		Change Addition
NAME			52 NA	- 1		
STREET ADDRESS]		5.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE				Change Addition
NAME			6.2 NA	ME REET ADDRESS		- Angly
STREET ADDRESS	1		m 0.331			7/11//

14. Thereby 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, with all other like empowered.

SIGNATURE: