

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 19 1997 8:00am
Secretary of StateDOCUMENT # **760147** (9)
1. Corporation Name
TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA FL 33950P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA FL 33950-49063. Date Incorporated or Qualified
09/23/19813a. Date of Last Report
05/01/1996

4. FEI Number

65-0199490

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANDING, BEVERLY
1492 ABEL ST.
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME BLANDING, ALTO
STREET ADDRESS 1492 ABEL ST.
CITY-ST-ZIP PORT CHARLOTTE FL1.1 TITLE ☐ Change ☐ AdditionTITLE VD ☐ DELETENAME BLANDING, BEVERLY
STREET ADDRESS 1492 ABEL ST
CITY-ST-ZIP PORT CHARLOTTE FL1.2 NAME ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME OLIVER, ERLNEE
STREET ADDRESS 511 MYRTLE ST
CITY-ST-ZIP PUNTA GORDA, FL 01.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE T ☐ DELETENAME HICKS, JULIA
STREET ADDRESS 433 ABURTO LANE
CITY-ST-ZIP PORT CHARLOTTE, FL 01.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ST ☐ DELETENAME THOMAS, ISAAC
STREET ADDRESS 431 HELEN ST.
CITY-ST-ZIP PUNTA GORDA FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS
2.4 CITY-ST-ZIP100002196491
-05/30/97--01077--033
***61.25CS
5/19/97

14. I do 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.

SIGNATURE: *Beverly Blanding*

4/25/97 94 575-4779

CR2E037 (9/96)