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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760147

1. Corporation Name

TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

P.O. BOX 1723  
326 E. CHARLOTTE AVE.  
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 1723  
326 E. CHARLOTTE AVE.  
PUNTA GORDA FL 33950



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/23/1981

4. FEI Number

65-0199490

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BLANDING, BEVERLY  
1492 ABEL ST.  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name Earlene T. Oliver  
82 Street Address (P.O. Box Number is Not Acceptable) 527 CRANDALL ST. N.W.  
83 Port Charlotte  
84 City Port Charlotte FL 85 Zip Code 33952

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 Earlene T. Oliver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLANDING, ALTO  
STREET ADDRESS 1492 ABEL ST.  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VD  
NAME BLANDING, BEVERLY  
STREET ADDRESS 1492 ABEL ST  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD  
NAME OLIVER, EARLENE  
STREET ADDRESS 511 MYRTLE ST  
CITY-ST-ZIP PUNTA GORDA, FL 0

TITLE T  
NAME HICKS, JULIA  
STREET ADDRESS 433 ABURTO LANE  
CITY-ST-ZIP PORT CHARLOTTE, FL 0

TITLE ST  
NAME THOMAS, ISAAC  
STREET ADDRESS 431 HELEN ST.  
CITY-ST-ZIP PUNTA GORDA FL (Deceased)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Blanding Alto  
1.3 STREET ADDRESS 311 Capri Isles Ct  
1.4 CITY-ST-ZIP Punta Gorda FL 33950

2.1 TITLE VD  
2.2 NAME Beverly Blanding  
2.3 STREET ADDRESS 311 Capri Isles Ct  
2.4 CITY-ST-ZIP Punta Gorda FL 33950

3.1 TITLE Oliver Earlene  
3.2 NAME  
3.3 STREET ADDRESS 527 Crandall St N.W.  
3.4 CITY-ST-ZIP Port Charlotte FL 33952

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Earlene T. Oliver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99 (941) 764-1295  
Date Daytime Phone #

CR2E037 (11/98)