

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768842 (7)

1. Corporation Name

THE NEW TESTAMENT CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

Mailing Address

8705 GUAVA ST.
P.O. BOX 121 YALAHUA RD..COUNTY RD.2-3130
YALAHUA FL 34797

8705 GUAVA ST.
P.O. BOX 121 YALAHUA RD..COUNTY RD.2-3130
YALAHUA FL 34797

3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 8705 GUAVA ST

26 8705 GUAVA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Yalaha Rd, County Rd 23130

27 Yalaha Rd, County Rd 23130

City & State

City & State

23 Yalaha, FL

28 Yalaha FL

Zip

Zip

24 34797

29 34797

Country

Country

4. FEI Number
59-2970667

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAVIN, MARGARET
8705 GUAVA STREET
YALAHUA FL 34797

81 Name Gloria GAVIN
82 Street Address 8705 GUAVA Street
83
84 City Yalaha, FL FL 85 Zip Code 34797

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.

Gloria Gavin

1-16-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VST ☐ DELETE
NAME GAVIN, LEE, SR.
STREET ADDRESS 87-5 GUAVA STREET
CITY-ST-ZIP YALAHUA FL

1.1 TITLE PDS ☒ Change ☐ Addition
1.2 NAME GAVIN, LEE, SR.
1.3 STREET ADDRESS 8705 GUAVA Street
1.4 CITY-ST-ZIP Yalaha FL 34797

TITLE PD ☒ DELETE
NAME GAVIN, MARGARET
STREET ADDRESS 8705 GUAVA STREET
CITY-ST-ZIP YALAHUA FL

2.1 TITLE [REDACTED]
2.2 NAME [REDACTED]
2.3 STREET ADDRESS [REDACTED]
2.4 CITY-ST-ZIP [REDACTED]

TITLE D ☐ DELETE
NAME GAVIN, DARLENE
STREET ADDRESS 8705 GUAVA STREET
CITY-ST-ZIP YALAHUA FL ☒ Delete

3.1 TITLE MVT ☐ Change ☒ Addition
3.2 NAME GAVIN, GIORIA
3.3 STREET ADDRESS 8705 GUAVA STREET
3.4 CITY-ST-ZIP Yalaha, FL 34797

TITLE D ☐ DELETE
NAME GAVIN, HARRY
STREET ADDRESS 8705 GUAVA STREET
CITY-ST-ZIP YALAHUA FL

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

TITLE D ☐ DELETE
NAME YOUNG, MATTIE
STREET ADDRESS 1406 ARIEL LANE
CITY-ST-ZIP FT WALTON BEACH FL ☒ Delete

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

TITLE D ☐ DELETE
NAME YOUNG, AL
STREET ADDRESS 1406 ARIEL LANE
CITY-ST-ZIP FT WALTON BEACH FL ☒ Delete

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lee Gavin Sr.

1-16-96

352-324-2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)