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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816455 (0)
1. Corporation Name
THE REFORMED CHURCH OF THE LIVING GOD

Principal Place of Business 409 OCEAN AVENUE JERSEY CITY FL 07305	Mailing Address 409 OCEAN AVENUE JERSEY CITY FL 07305
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/26/1962
4. FEI Number 59-3220010
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SIMON, JAMES BISHOP
5880 BLACK AVENUE
PIERCE FL 33860**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SIMON, JAMES
STREET ADDRESS	5880 BLACK AVENUE
CITY-ST-ZIP	PIERCE FL 33860
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JAMES L
STREET ADDRESS	D-23 E. ALPINE STREET
CITY-ST-ZIP	NEWARK NJ 07114
TITLE	SD <input type="checkbox"/> DELETE
NAME	DOWNING, ASALENE W
STREET ADDRESS	411 OCEAN AVENUE
CITY-ST-ZIP	JERSEY CITY FL 07305
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	JONES, MINNIE R
STREET ADDRESS	501 S. 10TH STREET
CITY-ST-ZIP	NEWARK NJ 07103
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, WYLMA
STREET ADDRESS	855 MADISON AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input type="checkbox"/> DELETE
NAME	CHILDS, GRADY
STREET ADDRESS	930 TANGLO CIR.
CITY-ST-ZIP	BARTOW FL 33830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ZEIGLER, JUANITA
2.3 STREET ADDRESS	524 SOUTH BEACH ST
2.4 CITY-ST-ZIP	DAYTONA BCH., FL 32114 APT. 709
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D LILLIAN L. SINGLETON
4.3 STREET ADDRESS	119 QUITMAN ST., APT. 2B
4.4 CITY-ST-ZIP	NEWARK, NJ 071080
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D JOHNSON, CHRISTINE
6.3 STREET ADDRESS	103 BROWN PLACE
6.4 CITY-ST-ZIP	JERSEY CITY, NJ 07305

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.

SIGNATURE: *Rev. Asalene W. Downing* / REV. ASALENE W. DOWNING 04/03/98 (201) 451-1402

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