

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90233 027 \*\*\*\*61.25

**DOCUMENT # 816455**

1. Corporation Name

**THE REFORMED CHURCH OF THE LIVING GOD**

Principal Place of Business  
409 OCEAN AVENUE  
JERSEY CITY FL 07305

Mailing Address  
P. O. BOX 4057  
JERSEY CITY FL 07304  
US



|   |                        |  |   |  |                                   |
|---|------------------------|--|---|--|-----------------------------------|
| 2. Principal Place of Business<br>21 409 - 413 OCEAN AVE<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 JERSEY CITY, NJ<br>Zip<br>24 07305<br>Country<br>25 USA   |                        | 2a. Mailing Address<br>26 P.O. BOX 4057<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 JERSEY CITY, NJ<br>Zip<br>29 07304<br>Country<br>30 USA |   | 3. Date Incorporated or Qualified<br>10/26/1962  |                                   |
| 4. FEI Number<br>59-3220010   |                        | Applied For<br>Not Applicable  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required             |                                   |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |                        | 5.00 May Be Added to Fees  |   | 10. Name and Address of New Registered Agent   |                                   |
| 9. Name and Address of Current Registered Agent<br>SIMON, JAMES BISHOP<br>5880 BLACK AVENUE<br>PIERCE FL 33860  |                        |  |   | 81 Name<br>82 Street Address (P.O. Box: Number is Not Acceptable)<br>83<br>84 City<br>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  |                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                                   |
| TITLE   | PD                     | <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SIMON, JAMES           |  | 1.2 NAME  |  |                                   |
| STREET ADDRESS  | 5880 BLACK AVENUE      |  | 1.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | PIERCE FL 33860        |  | 1.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | ZEIGLER, JUANITA       |  | 2.2 NAME  |  |                                   |
| STREET ADDRESS  | 524 S BEACH ST APT 709 |  | 2.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | DAYTONA BEACH FL 32114 |  | 2.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   | SD                     | <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DOWNING, ASALENE W     |  | 3.2 NAME  |  |                                   |
| STREET ADDRESS  | 411 OCEAN AVENUE       |  | 3.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | JERSEY CITY FL 07305   |  | 3.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SINGLETON, LILLIAN L.  |  | 4.2 NAME  |  |                                   |
| STREET ADDRESS  | 119 QUITMAN ST APT 2B  |  | 4.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | NEWARK NJ 07108        |  | 4.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | THOMPSON, WYLMA        |  | 5.2 NAME  |  |                                   |
| STREET ADDRESS  | 855 MADISON AVENUE     |  | 5.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | DAYTONA BEACH FL 32114 |  | 5.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   | D                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CHILDS, GRADY          |  | 6.2 NAME  |  |                                   |
| STREET ADDRESS  | 930 TANGLO CIR.        |  | 6.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   | BARTOW FL 33830        |  | 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: *Asalene W Downing* ASALENE W DOWNING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/1999

Date

(201)  
451-1402

Daytime Phone #

CR2E037 (1/98)

0082572