FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12958** **(7)**

1. Corporation Name

HAINES CITY CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
1010 AVENUE C POB 1318 HAINES CITY FL 33845	1010 AVENUE C POB 1318 HAINES CITY FL 33845

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1986	3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2781223	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, ANTHONY J. 2008 NORTH 11TH STREET HAINES CITY FL 33844	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4-27-95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	BAKER, ANTHONY J.	1 NAME	
STREET ADDRESS	2008 NORTH 11TH ST	1 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, TONY	2 NAME	
STREET ADDRESS	31 GRAVES ST.	2 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	2 CITY-ST-ZIP	
TITLE	SD	3 TITLE	☐ Change ☐ Addition
NAME	WEST, BETTY	3 NAME	
STREET ADDRESS	106 20TH ST., SO.	3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	3 CITY-ST-ZIP	
TITLE	T	4 TITLE	☐ Change ☐ Addition
NAME	WHITE, MOSES	4 NAME	
STREET ADDRESS	1224 AVE. "J"	4 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY, FLL	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 the 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: [signature] ANTHONY JEROME BAKER 4-27-95 (813) 421-1669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057906