

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12958 (7)

1. Corporation Name

HAINES CITY CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

1010 AVENUE C
POB 1318
HAINES CITY FL 33845

Mailing Address

1010 AVENUE C
POB 1318
HAINES CITY FL 33845

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BAKER, ANTHONY J.
2008 NORTH 11TH STREET
HAINES CITY FL 33844

3. Date Incorporated or Qualified
01/15/1986

3a. Date of Last Report
05/01/1995

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**

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

10. Name and Address of New Registered Agent

81 Name **BAKER, ANTHONY J.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2000 MANGO AVE.**
84 City **HAINES CITY, FL** 85 Zip Code **33844**

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 *Anthony Jerome Baker* **ANTHONY JEROME BAKER** **5-6-96**
(Signature of registered agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, ANTHONY J.	
STREET ADDRESS	2008 NORTH 11TH ST	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TONY	
STREET ADDRESS	31 GRAVES ST.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEST, BETTY	
STREET ADDRESS	106 20TH ST., SO.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, MOSES	
STREET ADDRESS	1224 AVE. "J"	
CITY - ST - ZIP	HAINES CITY, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
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: *Anthony Jerome Baker* **ANTHONY JEROME BAKER** **5-6-96 (941) 922-2825**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (12/95)