

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 002 ****70.00

DOCUMENT # N12958

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/15/1986

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

9. Name and Address of Current Registered Agent

BAKER, ANTHONY J.
2008 NORTH 11TH STREET
2000 MANGO AVENUE
HAINES CITY, FL 33844

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 *Anthony Jerome Baker*
Signature, typed or printed name of registered agent and title if applicable.

ANTHONY JEROME BAKER
(DATE: Registered Agent signature required when reinstating)

7-12-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BAKER, ANTHONY J.
STREET ADDRESS 2008 NORTH 11TH ST
CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ DELETE

NAME WILLIAMS, TONY
STREET ADDRESS 31 GRAVES ST.
CITY-ST-ZIP HAINES CITY FL

TITLE SD ☐ DELETE

NAME WEST, BETTY
STREET ADDRESS 106 20TH ST., SO.
CITY-ST-ZIP HAINES CITY FL

TITLE T ☐ DELETE

NAME WHITE, MOSES
STREET ADDRESS 1224 AVE. "J"
CITY-ST-ZIP HAINES CITY, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2518 CREST DR
HAINES CTY, FL 33844

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

Anthony Jerome Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)