

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 26 PM 3:19



DOCUMENT # N17084 (7)  
 1. Corporation Name  
 CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.

Principal Place of Business Mailing Address  
 % CHARLES L. SHIELDS 2570 CHARLESTON PARK RD ALVA FL 33920  
 % CHARLES L. SHIELDS 2570 CHARLESTON PARK RD ALVA FL 33920

3. Date Incorporated or Qualified 10/02/1986  
 3a. Date of Last Report 06/12/1995

2. Principal Place of Business 21 3907 SW 20ST LEHIGH FL 33971  
 Suite, Apt. #, etc. 22  
 City & State 23  
 Zip 24 Country 25  
 2a. Mailing Address 26 3907 SW 20ST LEHIGH FL 33971  
 Suite, Apt. #, etc. 27  
 City & State 28  
 Zip 29 Country 30

4. FEI Number 41-0601155  
 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

9. Name and Address of Current Registered Agent  
 SHIELD, REV. CHARLES L.  
 2570 C.P. DRIVE  
 ALVA FL 33920

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD SHIELDS, CHARLES L. <input type="checkbox"/> DELETE  |
| NAME                       | SHIELDS, CHARLES L.                                     |
| STREET ADDRESS             | 2570 C.P. DRIVE   |
| CITY-ST-ZIP                | ALVA FL   |
| TITLE                      | VD SHIELDS, KATHERINE <input type="checkbox"/> DELETE   |
| NAME                       | SHIELDS, KATHERINE                                      |
| STREET ADDRESS             | 2570 C.P. DRIVE   |
| CITY-ST-ZIP                | ALVA FL   |
| TITLE                      | VD HOWARD, SHERMAN L. <input type="checkbox"/> DELETE   |
| NAME                       | HOWARD, SHERMAN L.                                      |
| STREET ADDRESS             | 3846 DESOTA AVE   |
| CITY-ST-ZIP                | FT. MYERS FL  |
| TITLE                      | TD WILLIAMS, GLENDA <input type="checkbox"/> DELETE     |
| NAME                       | WILLIAMS, GLENDA  |
| STREET ADDRESS             | 252 C.P. DRIVE  |
| CITY-ST-ZIP                | ALVA FL   |
| TITLE                      | SD HOWARD, PATRICIA ANN <input type="checkbox"/> DELETE |
| NAME                       | HOWARD, PATRICIA ANN                                    |
| STREET ADDRESS             | 3846 DESOTA AVE   |
| CITY-ST-ZIP                | FT. MYERS FL  |
| 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  | 700001975317-0  |
| 2.3 STREET ADDRESS                                    | -10/15/96--01220--003   |
| 2.4 CITY-ST-ZIP                                       | *****61.25 *****61.25   |
| 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: Charles L. Shields (9/16/96) 941-868-5355  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)