


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90026 036 ****71.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17084

1. Corporation Name
CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.

Principal Place of Business 3907 SW 20TH STREET LEHIGH FL 33971	Mailing Address 3907 SW 20TH STREET LEHIGH FL 33971
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2. Principal Place of Business 21 560 ORTIZ AVE Suite, Apt. #, etc.	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1986
22 1 City & State	27 City & State	4. FEI Number 41-0601155 Applied For Not Applicable
23 FT MYERS FL Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33905 25 LEE 29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHIELD, REV. CHARLES L. 3907 20TH ST LEHIGH ACRES FL 33971	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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SHIELDS, CHARLES L.	1.2 NAME	
STREET ADDRESS	3907- 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, KATHERINE	2.2 NAME	
STREET ADDRESS	3907-20 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, SHERMAN L.	3.2 NAME	
STREET ADDRESS	3846 DESOTA AVE MANGO-ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GLENDA	4.2 NAME	
STREET ADDRESS	252 C.P. DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, PATRICIA ANN	5.2 NAME	
STREET ADDRESS	3846 DESOTA AVE MANGO-ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLY THOMAS, BILLY D.	6.2 NAME	
STREET ADDRESS	4413 5th St	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33971-101	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: Bishop SIGMUND REQUIERAL Shields (941) 367-5355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)