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

1995 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N26325 (3)

1. Corporation Name

CHURCH OF THE LIVING GOD, THE PILLAR AND GROUND OF THE TRUTH (INDEPENDENT), INCORPORATED

Principal Place of Business	Mailing Address
% SNOW, SHIRLEY 318 POST OAK DR TALLAHASSEE FL 32310	% SNOW, SHIRLEY 318 POST OAK DR TALLAHASSEE FL 32310

3. Date Incorporated or Qualified: 05/09/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2959058 ☐ 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

SNOW, SHIRLEY
318 POST OAK DR
TALLAHASSEE FL 32310

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 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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	SNOW, SHIRLEY	12 NAME	
STREET ADDRESS	318 POST OAK DR	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PORTER, ENELL	22 NAME	
STREET ADDRESS	318 POST OAK DR	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BIGHAM, JAMES	32 NAME	
STREET ADDRESS	105 PELHAM CT.	33 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NIXON, DOROTHY	42 NAME	
STREET ADDRESS	1508 MIKE ST	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	SCC 5-1-95

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Tulley Snow 5/9/95 487-1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027475