

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified **05/09/1988** 3a. Date of Last Report **05/01/1995**

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNOW, SHIRLEY
318 POST OAK DR
TALLAHASSEE FL 32310**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SNOW, SHIRLEY	12 NAME	10000131321
STREET ADDRESS	318 POST OAK DR	13 STREET ADDRESS	-08/06/96-01034-016
CITY-ST-ZIP	TALLAHASSEE FL 32310	14 CITY-ST-ZIP	*****81.25 *****81.25
TITLE	D	15 TITLE	DD
NAME	PORTER, ENELL	22 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	318 POST OAK DR	23 STREET ADDRESS	SED's
CITY-ST-ZIP	TALLAHASSEE FL 32310	24 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	SD	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NIXON, DOROTHY	42 NAME	
STREET ADDRESS	1500 MIKE ST	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name