SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON QR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS APPROVED ALED

97 OCT 17 PH 2: 13

DOCUI	MENT # N26325	5 (3)		SECRETARY C TALLAHASSEE,	if state Florida
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				DO NOT WRITE	
:				 Date Incorporated or Qualified 05/09/1988 	3a, Date of Last Report 08/06/1996
2. Principal Place of Business 2a. Malling Address 21			4. FEI Number 59-2959058	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				- ¢9.75 additional	
27				5. Certificate of Status Desired	Fee Required
City & State City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
SNOW, SHIRLEY 318 POST OAK DR TALLAHASSEE FL 32310 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes,			83 84 City	poration submits this statement for the pu	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.			13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 YITLE		Change Addition
NAME	SNOW, SHIRLEY		1.2 NAME	7000023;	238979
STREET ADDRESS	318 POST OAK DR		1.3 STREET ADDRESS	-10/17/9	701020003
CITY-ST-ZIP	TALLAHASSEE FL 32310	Doriere	1.4 CITY-ST-ZIP	*************************************	.25 *****61.25
THILE	DD FAIRL	☐ DELETE	2.1 TITLE		Change Addition
NAME	PORTER, ENELL		2.2 NAME		
STREET ADDRESS	318 POST OAK DR TALLAHASSEE FL 32310		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SED	DELETE	2.4 CITY-S1-ZIP 3.1 TITLE		Change Addition
NAME	BIGHAM, JAMES		3.2 NAME		
STREET ADDRESS	105 PELHAM CT.		3.3 STREET ADDRESS	,	
CITY-ST-ZIP	GRACEVILLE FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME (4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZiP		
TITLE		☐ DELETE	5.1 TATLE	\wedge	Change Addition
NAME			5.2 NAME	(\$. 6	um
STREET ADDRESS			5.3 STREET ADDRESS	✓ ₁	N19-197
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		- Decete	6.2 NAME		C Stronge C Madition
STREET ADDRESS			6.3 STREET ADDRESS		
CUTY OT 710			6.4 CITY ST. 7ID		

14. I do 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 of supplemental artifulal 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 of trustee empowered to execute this report at required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 i changed, or on an attachment with an address.