

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31077 (3)

1. Corporation Name

THE HOUSE OF JUDAH MINISTRIES, THE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
7609 EAST 16TH STREET TALAVAST FL 34270 US	1362 25TH STREET SARASOTA FL 34234-7436 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1989		3a. Date of Last Report 04/24/1996	
21		26		4. FEI Number 65-0223845		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

THOMAS, ROSENA 1362 25TH STREET SARASOTA FL 34234-4436				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
				FL			

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: *Rosena Thomas* (NOTE: Registered Agent signature required when reinstating) DATE: *3/29/97*

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	THOMAS, ROSENA			1.2 NAME			
STREET ADDRESS	1362 25TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WARD, NATHANIEL			2.2 NAME			
STREET ADDRESS	PO BOX 122, NA			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAVAST FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SALEM, ELAINE			3.2 NAME			
STREET ADDRESS	2813 PERSHING			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SALEM, HENRY			4.2 NAME			
STREET ADDRESS	2813 PERSHING			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PERRY, RUBY			5.2 NAME			
STREET ADDRESS	3510 CARMICHAEL			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: *Rosena Thomas* 3/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)