

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37720** (2)

1. Corporation Name

**THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LIVI
NG GOD THE PILLAR AND GROUND OF THE TRUTH, INC.**

Principal Place of Business

Mailing Address

% NATHANIEL JENKINS
901 EAST MARTIN LUTHER KING JR
PLANT CITY FL 33566

% NATHANIEL JENKINS
901 EAST MARTIN LUTHER KING JR
PLANT CITY FL 33566

3. Date Incorporated or Qualified

04/19/1990

4. FEI Number

59-3031708

Applied For

Not Applicable

2. Principal Place of Business

The House of God which is the Church of the Living God

2a. Mailing Address

901 EAST MARTIN LUTHER KING JR

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33566

Country

USA

Zip

33566

Country

USA

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. Is this nonprofit corporation a homeowners association?

CHURCH

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JENKINS, NATHANIEL
901 EAST HAINES STREET
PLANT CITY FL 33566

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 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

TITLE	CDT	<input type="checkbox"/> DELETE
NAME	JENKINS, NATHANIEL	
STREET ADDRESS	901 EAST MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	REAVES, DURRIE	
STREET ADDRESS	1506 GOTHAM COURT	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHAW, MARGARET D.	
STREET ADDRESS	1107 W. WASHINGTON ST.	
CITY-ST-ZIP	PLANT CITY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Durrie Reaves

2/18/98

CP2E037 (10/97)