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Apr 09, 1999 8:00 am
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04-09-1999 90041 034 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37720

1. Corporation Name

THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH, INC.

Principal Place of Business

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

Mailing Address

901 EAST MARTIN LUTHER KING JR.
PLANT CITY FL 33566
US

THE House of God which is

2. Principal Place of Business

Church of the God, etc.

2a. Mailing Address

520 EAST Laura St
Suite, Apt. #, etc.

23 City & State

Plant City, FL

28 City & State

Plant City FL

24 Zip

33566

25 Hills

29 Zip

33566

30 Hills

3. Date Incorporated or Qualified

04/19/1990

4. FEI Number

59-3031708

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

9. Name and Address of Current Registered Agent

JENKINS, NATHANIEL

901 EAST MAIN 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
NAME JENKINS, NATHANIEL
STREET ADDRESS 901 EAST MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE VCD
NAME REAVES, DURRIE
STREET ADDRESS 1506 GOTHAM COURT
CITY-ST-ZIP PLANT CITY FL

TITLE SD
NAME SHAW, MARGARET D.
STREET ADDRESS 1107 W. WASHINGTON ST.
CITY-ST-ZIP PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: Elder Durrie [Postor] 3-28-99 754-4730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #