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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N40180

(4)

1. Corporation Name

THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUNDS OF THE TRUTH FOR ALL PEOPLE INCORPORATED

Principal Place of Business

Mailing Address

2100 BARKER BLVD.
FT. MYERS FL 33916
US

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FT. MYERS FL 33916
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1990	3a. Date of Last Report 04/08/1994
4. FEI Number 65-0223901	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 2100 Barker Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 2100 BARKER BLVD Suite, Apt. #, etc.
22 City & State Fort Myers FLA.	27 City & State Fort Myers FLA.
23 Zip 33916	24 Country LEE
25 Zip 33916	26 Country LEE

9. Name and Address of Current Registered Agent

•BOLES, OSSIE L.
2100 BARKER BLVD
FT MYERS FL 33916

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLES, NAMROD	1.2 NAME	
STREET ADDRESS	2100 BARKER BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOLES, OSSIE L.	2.2 NAME	
STREET ADDRESS	2100 BARKER BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GAVIN, WILLIE L.	3.2 NAME	
STREET ADDRESS	2100 BARKER BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Namrod Boles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Namrod Boles R

3-6-95 813) 332-4219