

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

**2100 BARKER BOULEVARD  
FORT MYERS FL 33916  
US**

Mailing Address

**2100 BAYKER BLVD.  
FORT MYERS FL 33916  
US**

3. Date Incorporated or Qualified  
**09/14/1990**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

**21 2100 Barker Blvd.**

**22 Fort Myers FLA.**

**23 Fort Myers FLA.**

**24 33914 Lee**

2a. Mailing Address

**26 2100 Barker Blvd.**

**27 in DAYCARE**

**28 Fort Myers FLA.**

**29 33914 Lee**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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

Ossie Lee Boles  
(NOTE: Registered Agent Signature required when reinstating)

3-8-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BOLES, NIMROD**  
STREET ADDRESS **2100 BARKER BLVD**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE  
NAME **BOLES, OSSIE L.**  
STREET ADDRESS **2100 BARKER BLVD**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE  
NAME **GAVIN, WILLIE L**  
STREET ADDRESS **2100 BARKER BLVD.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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:

Ossie Lee Boles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96 (713) 337-0039  
Date Daytime Phone #

CR2E037 (12/95)