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Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 GROU
ND OF THE TRUTH FOR ALL PEOPLE INCORPORATED

Principal Place of Business

Mailing Address

2100 BARKER BLVD
FORT MYERS FL 33916
US2100 BARKER BLVD
FORT MYERS FL 33916-4613
US3. Date Incorporated or Qualified
09/14/19903a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 2100 BARKER BLVD.

26 2100 BARKER BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT MYERS, FLA.

28 FORT MYERS, FLA

Zip

Country

Zip

Country

24 33916

25 LEE

29 33916

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 - OSSIE Lee Boles

3-10-1997

Sign of co-typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME BOLES, NIMROD
STREET ADDRESS 2100 BARKER BLVD
CITY - ST - ZIP FT MYERS FLTITLE D ☐ DELETENAME BOLES, OSSIE L.
STREET ADDRESS 2100 BARKER BLVD
CITY - ST - ZIP FT MYERS FLTITLE D ☐ DELETENAME GAVIN, WILLIE L.
STREET ADDRESS 2100 BARKER BLVD.
CITY - ST - ZIP FT. MYERS FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP1.1 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 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 challenged, or on an attachment with an address.

SIGNATURE: Nimrod Boles - Nimrod Boles 3-10-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone # 888-222-2222

CR2E037 (9/96)