4-16-41 B-4938-C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N40180

THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUL

ND OF THE TRUTH FOR ALL PEOPLE INCORPORATED Principal Place of Business Malling Address					
Principal Plac	ce of Business	Malling Address			
2100 BARKER FORT MYERS		2100 BARKER BLVD FORT MYERS FL 33916		3. Date Incorporated or Qualified 09/14/1990	
us		U\$		4. FEI Number	Applied For
ľ				65-0223901	Not Applicable
-	Place of Business O Barbon 171	2a. Mailing Address	ber Blud.	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt	. #, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 Fail		27		Trust Fund Contribution	Added to Fees
City & Sta	ate	City & State 28 Fart Mue	es flar	7. Is this nonprofit corporation a h	omeowners association? Yes No
Zip_	Country	Žip — Q. ()	Country	8. This corporation owes or has p	
24 33	9/6 25 hel		o Lee	Personal Property Tax due June	
ļ	9. Name and Address of Curre	int Registered Agent	94 None	10. Name and Address of New R	egistered Agent
ROLES	OSSIE I		81 Name	Asil Lee Ba	Les
BOLES, OSSIE L. 2100 BARKER BLVD		216	dress (P.O. Box Number is Not Accepta	DIO)	
FT MYE	ERS FL 33916		83 Fait	muus el.	33916
			84 City	The process of the pr	FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 617.05	i02 and 617.1508, Florida Statutes	s, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acce	
I DILICE OF	registered agent, or both, in the Stat	e di Fibrida. Sucili Criange was au	in orized by the corpora	ation is board of directors, i hereby acce	brine abbolimment as reflistered
agent la	am ramiliar with, and accept the coll	gations of, Section 617.0503, Flon			A 00
agent. I a	Virie Lee Bal	& OSSIE Lee	Boles		4-9-98
SIGNATURE	Signature, hyped or printed name of registered as	gent and title II applicable. (NOTE:	Bole5 Registered Agent eignature requ	ulred when reinstating)	H-9- 98
SIGNATURE	Signature, hipped or printed name of registered as OFFICERS Af	gon and this Mapplicable. (NOTE: ND DIRECTORS	Bole5 Registered Agent eignature requ		H-9- 98 DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signalue, ripad or printed name of registered as OFFICERS AN	gent and title II applicable. (NOTE:	Registered Agent signature required 13.	ulred when reinstating)	H-9- 98
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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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Apr 16 1998 8:00am

Secretary of State