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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 GROU  
ND OF THE TRUTH FOR ALL PEOPLE INCORPORATED

Principal Place of Business

Mailing Address

2100 BARKER BLVD  
FORT MYERS FL 33916  
US

2100 BARKER BLVD  
FORT MYERS FL 33916  
US

2. Principal Place of Business

2a. Mailing Address

21 2100 Barker Blvd. 2a 2100 Barker Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Fort Myers Fla. 27 Fort Myers Fla.

City & State City & State

23 Zip Country 28 Fort Myers Fla. 30 Fort Myers Fla.

24 33916 25 Lee 29 33916 30 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 Ossie Lee Boles  
82 Street Address (P.O. Box Number is Not Acceptable)  
2100 Barker Blvd.  
83 Fort Myers Fla.  
84 City FL 85 Zip Code 33916

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 4-9-98  
Signature, 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	1.1 TITLE	
NAME	BOLES, NIMROD	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	
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	
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	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: NIMROD BOLES 4-9-98  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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