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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40180

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

2100 BARKER BLVD
FORT MYERS FL 33916
US

Mailing Address

2100 BARKER BLVD
FORT MYERS FL 33916
US



454666 - 90026 - 29



2. Principal Place of Business

21 2100 Barker Blvd

Suite, Apt. #, etc.

22 Fort Myers FLA

City & State

23

Zip Country

24 33916 25 Lee

2a. Mailing Address

26 2100 Barker Blvd

Suite, Apt. #, etc.

27

City & State

28 Fort Myers FLA

Zip Country

29 33916 30 Lee

3. Date Incorporated or Qualified

09/14/1990

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

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 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 L. Boles

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Nimrod Boles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

Daytime Phone #

CR2E037 (11/98)