## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT** # 1. Corporation Name

N50933

(3)

CHURCH OF THE LIVING GOD PILLAR AND GROUND OF TH E TRUTH OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address



ST. PETERSBURG FL 33705	ST. PETERSBURG FL 3370	06				
				3. Date Incorporated or Qualified 09/17/1992	3a. Date of Last Report 06/06/1995	
	2a. Mailing Address			4. FET Number APPLICABLE	1	Applied For
21 1500 - 1844 AVE, SUZ	6 1500 18	to Aug	55.	NUT APPLICABLE		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State P & BURG. T. 2	City & State	BROKE	. <del>(</del>	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation has liability for in		der s. 199.032,
	· · · · · · · · · · · · · · · · · · ·	30 KN	Willes	Florida Statutes S  10. Name and Address of New Re		nt
9. Name and Address of Current Re	gistered Agent	81	Name _	10. Name and Address of New Re	gistered Age	
RILEY, JOHN L.		82	· · · · ·	des (P.O. Box Number is Not Acceptable	*)	
2325 5TH AVE. NORTH		Ľ			·	
ST. PETERSBURG FL 33713		83				
		84	City		FL 8	Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and or registered agent, or both, in the State of Florida. S familiar with, and accept the obligations of, Section 6</li> </ol>	uch change was authorized	the above- by the corp	named corporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changin ntment as regi	g its registered office stered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and tr	NOTE	Due des i has		red when reinstaling)	DATE	
Signature, typed or printed name of registered agent and to  12. OFFICERS AND DIF		13.	nii signature requ	ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
TITLE DP	DELETE	1.1 TITLE	T		(i	
NAME WILLIAMS, BISHOP SHERMAN		1.2 NAME				
STREET ADDRESS 1231 30 ST. SOUTH			T ADDRESS			
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY -				
TITLE DV	DELETE	2.1 TITLE	******		□ ci	nange
NAME KNIGHT, JOHN		22 NAME				
STREET ADDRESS 861 51 AVE. SOUTH		2 3 STREE	T ADDRESS			
CITY-ST-ZIP ST. PETERSBURG FL		2 4 CHY-	ST-ZIP	•		
TITLE DI	DELETE	3 1 TITLE		ξ*	D	nange 🔲 Addition
NAME LILLIE, M. NASH		3 2 NAME				
STREET ADDRESS 1401 9TH ST SOUTH		3 3 STREE	T ADDRESS			
CITY+ST-ZIP ST. PETERSBURG FL		3.4. CITY-	ST - ZIP			<u></u>
TITLE DS	DELETE	4 1 TITLE				nange 🔲 Addition
NAME MYLES, SANDER		4 2 NAME				
STREET ADDRESS 1231 30 ST. SOUTH		43 STREE	T ADDRESS			
CITY-ST-ZIP ST. PETERSBURG FL		44 CITY-	ST-ZIP			
THOMAS IOVOE	DELETE	5 1 TITLE	1		CI	nange 🔲 Addition
NAME THOMAS, JOYCE		5.2 NAME				
STREET ADDRESS 1231 30 ST. SOUTH ST. PETERSBURG FL			T ADDRESS			
GIT-31-2IF	Dourt	5.4 CHY-	ST-ZIP			hanno Addition
SANCE DALLO CONTO	DELETE	61 TITLE			C	hange 🔲 Addition
4004 ON CT COUTL		62 NAME	i			
OT ACTEDODINO EL		i i	T ADDRESS			
14. I do hereby certify that the information supplied with	this filing is voluntarily furnish	64 CITY- ned and do		for the exemption stated in Section 119.0	7(3)(k) Florida	Statutes I further

roo nereby 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 changes or on an attachment with an address.

SIGNATURE:

April 3, 1996