

FILE NOW: FILING FEE IS \$61.25

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98 NOV -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # [REDACTED]
1. Corporation Name
N9500000 3175
CHURCH OF THE LIVING GOD IN CHRIST, INC.

Principal Place of Business Mailing Address
996 LAKE VICTORIA DRIVE #A 'SAME'
W. PALM BEACH, FL
33411

3. Date Incorporated or Qualified **7/5/95**
4. FEI Number **65-0591129**
Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	(P) ELLIS, REV. ALBERT <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	996 LAKE VICTORIA DRIVE #A
CITY-ST-ZIP	W. PALM BEACH, FL 33411
TITLE	(S) ELLIS, EULA <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	996 LAKE VICTORIA DRIVE #A
CITY-ST-ZIP	W. PALM BEACH, FL 33411
TITLE	(T) ELLIS, ELVIS A. <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	996 LAKE VICTORIA DRIVE #A
CITY-ST-ZIP	W. PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, PASTOR, DIRECTOR, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REV ALBERT ELLIS
1.3 STREET ADDRESS	996-A LAKE VICTORIA DRIVE #A
1.4 CITY-ST-ZIP	WEST PALM BEACH, FLA. 33411
2.1 TITLE	TREASURER, DIRECTOR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELVIS ELLIS
2.3 STREET ADDRESS	20884-NW 25th
2.4 CITY-ST-ZIP	DEMBROOK PINES FLA. 33029
3.1 TITLE	SECRETARY, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EULA ELLIS
3.3 STREET ADDRESS	996-A LAKE VICTORIA DRIVE #A
3.4 CITY-ST-ZIP	WEST PALM BEACH, FLA. 33411
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100002687601 - 0
4.4 CITY-ST-ZIP	-11/13/98--01098--016
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 to an address.

SIGNATURE: **Rev Albert Ellis** 10.6.98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)