


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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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 | |
| DOCUMENT # N9500000 3175 1. Corporation Name CHURCH OF THE LIVING GOD IN CHRIST, INC. | | | |
| Principal Place of Business 996 LAKE VICTORIA DRIVE #A W. PALM BEACH, FL 33411 | | Mailing Address 'SAME' | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 7/5/95 | |
| 4. FEI Number 65-0591129 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 (P) ELLIS, REV. ALBERT <input type="checkbox"/> DELETE | | 1.1 TITLE PRESIDENT, PASTOR, DIRECTOR, REV ALBERT ELLIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME 996 LAKE VICTORIA DRIVE #A | | 1.2 NAME 996-A LAKE VICTORIA DRIVE #A | |
| STREET ADDRESS W. PALM BEACH, FL 33411 | | 1.3 STREET ADDRESS WEST PALM BEACH, FLA. 33411 | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE (S) ELLIS, EULA <input type="checkbox"/> DELETE | | 2.1 TITLE TREASURER, DIRECTOR. ELVIS ELLIS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME 996 LAKE VICTORIA DRIVE #A | | 2.2 NAME 20884 NW 2 ST | |
| STREET ADDRESS W. PALM BEACH, FL 33411 | | 2.3 STREET ADDRESS DEMBROOK PINES FLA. 33029 | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE (T) ELLIS, ELVIS A. <input type="checkbox"/> DELETE | | 3.1 TITLE SECRETARY, DIRECTOR EULA ELLIS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME 996 LAKE VICTORIA DRIVE #A | | 3.2 NAME 996-A LAKE VICTORIA DRIVE #A | |
| STREET ADDRESS W. PALM BEACH, FL 33411 | | 3.3 STREET ADDRESS WEST PALM BEACH, FLA. 33411 | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE 100002687601 - 0 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME -11/13/98--01098--016 | |
| STREET ADDRESS | | 4.3 STREET ADDRESS *****61.25 *****61.25 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE 11-10-98 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

SIGNATURE: **Rev Albert Ellis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.6.98

Date

Daytime Phone #

CR2E037 (10/97)