FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005870

Country

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1. Corporation Name

CHURCH OF THE LIVING GOD IN CHRIST OF ORLANDO, I NC.

Principal Place of Business 10327 ELLENWOOD WAY

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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Zip

ORLANDO FL 32825

Mailing Address

10327 ELLENWOOD WAY ORLANDO FL 32825

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90053 002 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/17/1997

59-3474626

4. FEI Number

5. Rame and Address of Content Registered Agent			The state of the s		
The Control of the Co		81 Name		•	
BRYAN, HARRY Wight and the Charlest As Callada O I		82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32825		83			
OUR MADO I E GEORG		84 City		85 Zip C	ode
above of the second	*21.97		, , , , , , , , , , , , , , , , , , ,		* 1 7 - 15 - 181
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida St office or registered agent, or both, in the State of Florida. Such change w agent. I am familiar with, and accept the obligations of, Section 617.0503. 	as autnonzed	DV the Corbi	corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoint		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	NOTE: Registered	Agent signature r	required when reinstating) DATE		
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE ST DELETI	Ξ 1,1 π	T.E	\$1.79.FQ	Change	☐ Addition
NAME BRYAN, MARILYN E	1.2 NA	ME .			
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TITLE PT DELETI	2.1 Tr	r.E		☐ Change	Addition
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STREET ADDRESS 10327 ELLENWOOD WAY	2.3 ST	REET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32825	2.4 C	TY-ST-ZIP	<u> </u>		
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NAME	5.2 N				•
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STREET ADDRESS	6.3 \$	TREET ADDRESS	5		•
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14. I hereby certify that the information supplied with this filing does not qualified the supplied with this filing does not qualified the supplied to a supplied with this filing does not qualified the supplied to a supplied with this filing does not qualified the supplied to supplied the suppl	fy for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further certi	ry man me i	normation Lem an

Country

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that the information statutes are not provided in 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: Marchis STATELE REMANY FIE. Bryan

1/8/99 407-658-0517 Daytime Phone #

R2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable