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**Mar 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000002191**

1. Corporation Name  
**CHURCH OF THE LIVING LIGHT OF THE DIVINE, INC.**

Principal Place of Business 1513 SOUTH MAGNOLIA DRIVE TALLAHASSEE FL 32301	Mailing Address 1513 SOUTH MAGNOLIA DRIVE TALLAHASSEE FL 32301
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number EIN 59-3506005 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  MUTH, PATRICIA 1513 SOUTH MAGNOLIA DRIVE TALLAHASSEE FL 32301	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEPEL, HAROLD C/O 1513 SOUTH MAGNOLIA DR TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD/DIRECTOR CAMPBELL, TERRI K 531 Mt. Atlas Rd. Lexington, VA 24450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, TERRI K C/O 1513 SOUTH MAGNOLIA DR TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/DIRECTOR MUTH, PATRICIA E. 1513 S. Magnolia Dr. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUTH, PATRICIA C/O 1513 SOUTH MAGNOLIA DR TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD/DIRECTOR WILLIAMS, ROSALYN M 255 Corona Ave. Dayton, Ohio 45419 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YORK, META C/O 1513 SOUTH MAGNOLIA DR TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD/DIRECTOR MUTH, PATRICIA E. 1513 S. Magnolia Dr. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia E. Muth* *March 21, 1999* 850-878-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)