


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 APR 27 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 769345 (0)**  
1. Corporation Name  
**WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH H, FLORIDA INC.**

Principal Place of Business Mailing Address  
**1401 SW BILTMORE ST.  
PT. SAINT LUCIE FL 34983-2959  
US** **1401 SW BILTMORE ST.  
PORT SAINT LUCIE FL 34983-2959  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2309279** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **P.O. Box 7674**

22 City & State **27** Suite, Apt. #, etc.  
**23** **Port St. Lucie Fl.**

24 Zip **25** Country **29** Zip **30** Country  
**34983** **U.S.-America**

9. Name and Address of Current Registered Agent  
**ROLLINS, FRANK  
255 ESSEX DRIVE  
PT ST LUCIE FL 34984**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD WELCH, WALLACE 4900 NW IRRINGTON TERR PT ST LUCIE FL</b>	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joyce Miller</b> <b>700 Farmer Place Apt #1</b> <b>Fort Pierce Fl. 34982</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD BENJAMIN, QUEEN 1691 SW WEENDE LANE PT ST LUCIE FL</b>	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MILLER, JOYCE 2372 SE GILLITE AVE PT ST LUCIE FL</b>	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ROLLINS, FRANK 255 ESSEX DRIVE PT ST LUCIE FL</b>	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: Frank Rollins Frank Rollins 4/15/95 (407) 340-2155  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Include Month & Day)