

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769345 (0)

1. Corporation Name
WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH, FLORIDA INC.



Principal Place of Business: **1401 SW BILTMOE ST. PT. SAINT LUCIE FL 34983-2959 US**
Mailing Address: **P.O. BOX 7674 PORT ST. LUCIE FL 34980 US**

3. Date Incorporated or Qualified: **07/13/1983**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2309279**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROLLINS, FRANK
255 ESSEX DRIVE
PT ST LUCIE FL 34984**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL** []

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 | T | <input type="checkbox"/> DELETE |
| NAME | MILLER, JOYCE | |
| STREET ADDRESS | 700 FARMAR PLACE APT. 1 | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BENJAMIN, QUEEN | |
| STREET ADDRESS | 1691 SW WEENDE LANE | |
| CITY-ST-ZIP | PT ST LUCIE FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, JOYCE | |
| STREET ADDRESS | 2372 SE GILLITTE AVE | |
| CITY-ST-ZIP | PT ST LUCIE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROLLINS, FRANK | |
| STREET ADDRESS | 255 ESSEX DRIVE | |
| CITY-ST-ZIP | PT ST LUCIE FL | |
| 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 | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Miller, Joyce | |
| 1.3 STREET ADDRESS | 1458 N. Lawnwood Circle #27-D | |
| 1.4 CITY-ST-ZIP | Fort Pierce FL 34947 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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)(k), 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* Advisory Board-President 4/25/96 (407) 340-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)