FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

769345

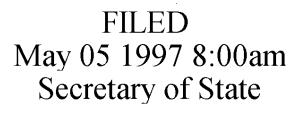
(0)

WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEAC H. FLORIDA INC.

1401 SW BILTMOE ST. PT. SAINT LUCIE FL 34983-2959 Mailing Address

P.O. BOX 7674 PORT ST. LUCIE FL 34985-7674

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						3. Date Incorporated or Qualified 07/13/1983	3a. Da	te of Last 05/01/		
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
	D Virginia Av.	26				59-2309279		X	Not Applicab	
Suite, Apt. (22		Suite, Apt. #, etc.				5. Certificate of Status Desired	X	,	Additional Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be	
	Pierce F1.	28			·	Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Cour	ntry	,	8. This corporation has liability for in			s. 199.032,	
24 <u>34950</u>) 25 USA 9. Name and Address of Curren	29	30					No		
	S. Hame and Address of Curren	Hafistelan Waut		81	Name	10. Name and Address of New Re	istered /	Agent		
5511416	FRANK			ا''	Ivaille					
ROLLINS, FRANK 255 ESSEX DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)					
PISIL	UCIE FL 34984		[83						
			ľ	84	City	P-MAN-		85 Zij	Code	
dd Durawant t		1047 4500 51 71 01					<u> FL</u>			
Office or re	gistered agent, or both, in the State:	or Florida. Such change was	authorized	עכו נ	the corp	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of	changing aintment s	its registere	
agent. I an	n familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Stati	utes	3.		c ti io dpp	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io rogiotoroa	
SIGNATURE _										
12.	Signature, typed or printed name of registered ager OFFICERS AND		18.	Age	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND	DIDECTO	DEC IN 10	
TITLE	T	DELETE	13.70	1F		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change		
NAME	MILLER, JOYCE		1.2 NA		ŀ			Charge	יין איטטאונגע נייין	
STREET ADDRESS	700 FARMAR PLACE APT. 1				ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL	÷								
TITLE	\$D	DELETE	1.4 CIT 2.1 TIT		1-211		· · · · · ·	Change	Additio	
NAME	BENJAMIN, QUEEN		2.2 NA					C Cutoride	L. Additio	
STREET ADDRESS	1691 SW WEENDE LANE				ADDRESS					
CITY-ST-ZIP	PT ST LUCIE FL		2.400							
TITLE	T	DELETE	3.1 7(7		71-4-11		•	Change	Additio	
NAME	MILLER, JOYCE		3.2 NA	MF						
STREET ADDRESS	1458 N. LAWNWOOD CIRCLE	#27-D			ADDRESS					
CITY-ST-ZIP	FORT PIERCE FL		3.4. CI							
TITLE	PD	DELETE	4.1 TiT					Change	Additio	
NAME	ROLLINS, FRANK		4. 2 NA	ME					•	
STREET ADDRESS	255 ESSEX DRIVE		4.3 STF	REET.	ADDRESS					
CITY-ST-ZIP	PT ST LUCIE FL		4.4 CIT	Y-S1	T-ZIP					
TITLE	-	DELETÉ	5.1 TIT	LE				Change	Additio	
NAME			5.2 NAI	ME			•			
STREET ADDRESS			5.3 STF	REET.	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-\$1	T-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Change	Additio	
NAME			6.2 NAI	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-\$1	T-ZIP					
l am an off	Indicated on this annual renoti of st	ipplemental annual report is i lhe receiver or trustee empoy	true and ac	$\sim \sim 1.1$	irata and t	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal port as required by Chapter 617, Florida St	affaat aa	14		