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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769345 (0)

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

Principal Place of Business 4001 D VIRGINIA AVE FORT PIERCE FL 34950 US	Mailing Address P.O. BOX 7674 PORT ST. LUCIE FL 34980 US
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3. Date Incorporated or Qualified
07/13/1983

4. FEI Number
59-2309279

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 4001 D Virginia Av Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 7674 Suite, Apt. #, etc.		
22 City & State 23 Fort Pierce Fl.	27 City & State 28 Port St. Lucie Fl.		
24 Zip 34981	25 Country	29 Zip 34985	30 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 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 re/instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMN, QUEEN	1.2 NAME	
STREET ADDRESS	1691 SW WEENDE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOYCE	2.2 NAME	
STREET ADDRESS	1458 N. LAWNWOOD CIRCLE #27-D	2.3 STREET ADDRESS	Annie Joyce Miller
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	Port St Lucie Fl. 34953
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, FRANK	3.2 NAME	
STREET ADDRESS	255 ESSEX DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Frank Rollins *Frank Rollins* 4/14/98 561300-0384

CR2E037 (10/97)