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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N40724 (9)

1. Corporation Name

THE LORD HOUSE FOR ALL, INC.

Principal Place of Business	Mailing Address
11434 NW 22ND AVE. P.O. BOX 680580 MIAMI FL 33168	11334 N.W. 22ND AVE. P.O. BOX 680580 NA MIAMI FL 33167-3506 US

2. Principal Place of Business 21 11434 NW 22nd AVE 22 P.O. BOX 680580 23 MIAMI Florida 24 Zip 33167 25 Country DADE	2a. Mailing Address 26 11434 NW 22nd AVE 27 P.O. BOX 680580 28 MIAMI Florida 29 Zip 33167 30 Country DADE

3. Date Incorporated or Qualified: 10/25/1990	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0226708	☐ 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	

9. Name and Address of Current Registered Agent

WILSON, JOHN
11334 N W 22ND AVENUE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name: JOHN WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 11434 NW 22nd AVE.
83
84 City: MIAMI **FL** 85 Zip Code: 33167

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: John Wilson PRESIDENT JOHN Wilson 4-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	President Director	☑ Change ☐ Addition
NAME	WILSON, JOHN		1.2 NAME	Rev. JOHN. Wilson	
STREET ADDRESS	~~11334 N.W. 22ND AVE.~~ 11434 NW 22nd Ave		1.3 STREET ADDRESS	11434 NW 22nd AVE	
CITY-ST-ZIP	MIAMI FL Miami FL 33167		1.4 CITY-ST-ZIP	Miami FL 33167	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WORTHAM, WALTER		2.2 NAME		
STREET ADDRESS	11434 N.W. 22ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MAMIE		3.2 NAME		
STREET ADDRESS	11336 N.W. 22ND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

John Wilson President JOHN Wilson 4-29-97 305-681-4583