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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33168 US

3. Date Incorporated or Qualified: 10/25/1990

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

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

	Principal Place of Business	Mailing Address
2. / 2a.	2260 N.W. 117TH ST	2260 NW 117TH ST
Suite, Apt. #, etc. (22 / 27)	P.O. Box 680580	P.O. Box 680580
City & State (23 / 28)	MIAMI FLA	MIAMI FLA
Zip (24 / 29)	33167	33168
Country (25 / 30)	DADE	DADE

9. Name and Address of Current Registered Agent

WILSON, JOHN
11434 NW 22ND AVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name: Rev. John Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 2260 NW 117TH ST
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: Rev. John Wilson JOHN Wilson President 4.17.98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILSON, JOHN 11434 NW 22ND AVE MIAMI FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Director 2260 N.W. 117TH Street MIAMI FLA. 33167 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WORTHAM, WALTER 11434 N.W. 22ND AVE. MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS WILSON, MAMIE 11336 N.W. 22ND AVE. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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: Rev. John Wilson JOHN Wilson 4.17.98 305-6936583