

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003306 (5)**

1. Corporation Name

GOD'S KITCHEN, INC.

Principal Place of Business

Mailing Address

**204 NE 13TH AVE
BOYNTON BEACH FL 33435
US**

**204 NE 13TH AVE
BOYNTON BEACH FL 33435
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1996

4. FEI Number

65-0693526

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

10. Name and Address of New Registered Agent

**BASS, MICHAEL R
600 S ANDREWS AVENUE, 8TH FLOOR
FORT LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WRIGHT, TOM	
STREET ADDRESS	7251 N FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEAL, EDDIE	
STREET ADDRESS	1601 NW 3RD STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEAL, MINNIE	
STREET ADDRESS	1601 NW 3RD STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEBERT, NINA	
STREET ADDRESS	201 W PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BASS SINDI	
STREET ADDRESS	327 EASTWOOD TERRACE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEAL, EDDIE	
1.3 STREET ADDRESS	1601 NW 3RD ST	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIEBERT, NINA	
2.3 STREET ADDRESS	201 W PALMETTO PARK RD.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MULLIN, R. GREGG	
4.3 STREET ADDRESS	1731 ISLAND LAKES CIRCLE	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33498	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GAILE, N. E. THA	
5.3 STREET ADDRESS	3128 E. PALM DRIVE	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

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 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: **CAROL ALBURY** Executive Director 4/15/98 561-736-6440

CR2E037 (10/97)