

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000500

FILED
Jan 21, 2020
Secretary of State
4172544910CC

Entity Name: GOD'S HOUSE: REHABILITATION CENTER FOR THE HOMELESS, INC.

Current Principal Place of Business:

10935 WINGATE ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

P. O. BOX 4271
WAYNESVILLE, MO 65583 US

FEI Number: 46-4791446

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COBB, WILLIE T
10935 WINGATE RD
JACKSONVILLE, FL 32218 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIE T COBB

01/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CHAIRMAN
Name COBB, WILLIE T
Address 10935 WINGATE RD
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR OF MINISTRY
Name WARREN, TAMMY
Address 121 LAKE RUN BLVD
City-State-Zip: JACKSONVILLE FL 32218

Title TRUSTEE
Name COLEMAN, KELVIN
Address 289 MUSKEGON AVENUE
City-State-Zip: CALUMET CITY IL 60409

Title TRUSTEE
Name KNEW, JAY
Address 3543 CLYDE DRIVE
City-State-Zip: JACKSONVILLE FL 32208

Title TRUSTEE
Name WARREN, REUBEN T
Address 4822 VERMONT ROAD
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE
Name MCDONALD, WAYNE
Address 8243 INTERNATIONAL VILLAGE DRIVE
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE
Name JOSEPH, ROSALIND
Address 1428 BELLESHORE CIRCLE
City-State-Zip: JACKSONVILLE FL 32218

Title TRUSTEE
Name HAGANS, ROSALIND
Address 1715 BUCKMAN STRET
City-State-Zip: JACKSONVILLE FL 32206

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE COBB

CHAIRMAN/CEO

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name COLES, VANESSA
Address 11439 JULIET LEIA COURT
City-State-Zip: JACKSONVILLE FL 32218