

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000500

FILED
Sep 02, 2016
Secretary of State
CC5308989588

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:

10935 WINGATE ROAD
JACKSONVILLE, FL 32218 US

FEI Number: 46-4791446

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, CHAIRMAN	Title	CPO, DIRECTOR OF PROGRAMS
Name	COBB, WILLIE T	Name	COBB, PURITA A
Address	10935 WINGATE RD	Address	10935 WINGATE RD
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	COO, DIRECTOR OF ADMINISTRATION	Title	DIRECTOR OF MINISTRY
Name	KISTOO, ARLYNE	Name	WARREN, TAMMY
Address	6228 BURCHELL RD	Address	121 LAKE RUN BLVD
City-State-Zip:	ARVERNE NY 11692	City-State-Zip:	JACKSONVILLE FL 32218
Title	DIRECTOR OF DEVELOPMENT AND MARKETING	Title	TRUSTEE
Name	WILLIAMS, DENISE J	Name	COLEMAN, KELVIN
Address	8539 GATE PARKWAY W 9421	Address	289 MUSKEGON AVENUE
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	CALUMET CITY IL 60409
Title	TRUSTEE	Title	TRUSTEE
Name	KNEW, JAY	Name	WARREN, REUBEN T
Address	3543 CLYDE DRIVE	Address	4822 VERMONT ROAD
City-State-Zip:	JACKSONVILLE FL 32208	City-State-Zip:	JACKSONVILLE FL 32209

Continues on page 2

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 T. COBB

CEO, CHAIRMAN

09/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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