

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000000500

FILED
Oct 14, 2018
Secretary of State
CR0241696941

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:

19207 LONAGER LANE
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

10/14/2018

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 T COBB

CHAIRMAN/CEO

10/14/2018

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