FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724375 (1)

1. Corporation Name

THE HOUSE OF GOD OF DUNEDIN, INC.

Principal Place of Business	Mailing Address
443 JACKSON ST DUNEDIN FL 34698 US	434 PALMETTO ST. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1972
3a. Date of Last Report: 04/21/1994
4. FEI Number: 23-7247864 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 443 Jackson St.	26 434 Palmetto St.
Suite, Apt. #, etc 22 Dunedin,	Suite, Apt. #, etc 27 Dunedin,
City & State 23 Fl.	City & State 28 Fl.
Zip / County 24 34698 / 25 Pinellas	Zip / County 29 34698 / 30 Pinellas

9. Name and Address of Current Registered Agent

MATTHEWS, SARAH W.
434 PALMETTO STREET
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: S. W. Matthews
82 Street Address (P.O. Box Number is Not Acceptable): 434 Palmetto Street
83
84 City: Dunedin, FL 85 Zip Code: 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Elder S.W. Matthews — Elder S.W. Matthews — 4/25/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, S. W.	12 NAME	700001476737
STREET ADDRESS	434 PALMETTO ST.	13 STREET ADDRESS	-05/05/95--01010--009
CITY-ST ZIP	DUNEDIN FL	14 CITY-ST ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DIXON, JR., J. FREDERICK	22 NAME	
STREET ADDRESS	1530 CARMEL AVENUE	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MOORE, A. L.	32 NAME	700001476737
STREET ADDRESS	422 JACKSON ST.	33 STREET ADDRESS	-05/05/95--01010--010
CITY ST ZIP	DUNEDIN FL	34 CITY ST ZIP	*******8.75 *******8.75
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, S.W.	42 NAME	
STREET ADDRESS	434	43 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

$8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mrs. A.L. Moore, Vice. A.L. Moore — 4/25/95 — (813) 733-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020500