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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34698-4968

3. Date Incorporated or Qualified: **09/18/1972**
3a. Date of Last Report: **07/01/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATTHEWS, S W 434 PALMETTO STREET DUNEDIN FL 34698	81 Name: S.W. Matthews 82 Street Address (P.O. Box Number is Not Acceptable): 434 Palmetto St. 83 Dunedin, 84 City: **FL** 85 Zip Code: 34698

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 S.W. Matthews Elder S.W. Matthews 1/7/97
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, S. W.		1.2 NAME	
STREET ADDRESS	434 PALMETTO ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, JR., J. FREDERICK		2.2 NAME	
STREET ADDRESS	1530 CARMEL AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, A. L.		3.2 NAME	
STREET ADDRESS	422 JACKSON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, S.W.		4.2 NAME	
STREET ADDRESS	434		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: A.L. Moore Sec. Treas. Mrs. Mary L. Moore 1/7/97 (813) 733-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069367