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Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	443 JACKSON ST DUNEDIN FL 34698 US

3. Date Incorporated or Qualified: 09/18/1972

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

MATTHEWS, S 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 St.
83
84 City: Dunedin, 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 1/15/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTHEWS, S. W. 434 PALMETTO ST. DUNEDIN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIXON, JR., J. FREDERICK 1530 CARMEL AVENUE CLEARWATER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOORE, A. L. 422 JACKSON ST. DUNEDIN FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, S.W. 434 DUNEDIN FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Matthews, S.W. 434 Palmetto St. Dunedin, Fl.	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD A.L. Moore 422 Jackson St. Dunedin, Fl.	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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 A.L. Moore 1/15/98 813(733-4767)