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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724375**

1. Corporation Name

THE HOUSE OF GOD OF DUNEDIN, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 443 Jackson Street Suite, Apt. #, etc.	26 443 Jackson Street Suite, Apt. #, etc.	09/18/1972
22 Dunedin, Fl City & State	27 Dunedin, Fl. City & State	4. FEI Number: 23-7247864 ☐ Applied For ☐ Not Applicable
23 34698 Pinellas Zip Country	28 34698 Pinellas Zip Country	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: A.L. MOORE
82 Street Address (P.O. Box Number is Not Acceptable): 422 Jackson Street
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: A.L. Moore — Signature, typed or printed name of registered agent and title if applicable.
A.L. Moore — (NOTE: Registered Agent signature required when reinstating)
DATE: 1/8/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P/S/T	☑ Change ☐ Addition
NAME	MATTHEWS, S. W.		1.2 NAME	A.L. Moore	
STREET ADDRESS	434 PALMETTO ST. Deceased		1.3 STREET ADDRESS	422 Jackson street	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	Dunedin, Fl 34698	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	DIXON, JR., J. FREDERICK		2.2 NAME	Frederick Dixon, Jr.	
STREET ADDRESS	1530 CARMEL AVENUE		2.3 STREET ADDRESS	1530 CARMEL Avenue	
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	Clearwater, Fl. 33415	
TITLE	STD	☐ DELETE	3.1 TITLE	Tr	☑ Change ☐ Addition
NAME	MOORE, A. L.		3.2 NAME	JUANITA BROWN	
STREET ADDRESS	422 JACKSON ST.		3.3 STREET ADDRESS	439 Jackson Street	
CITY-ST-ZIP	DUNEDIN FL		3.4. CITY-ST-ZIP	Dunedin, Fl. 34698	
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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTEWS, S W		5.2 NAME		
STREET ADDRESS	434 PALMETTO ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, A L		6.2 NAME		
STREET ADDRESS	422 JACKSON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: A. L. Moore SIGNATURE REQUIRED — 1/8/99 Date — (727) 733-4767 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR