2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90064 001 ****61.25
03-09-2000 90064 002 *****8.75

DOCUMENT # 724375

1. Entity Name

THE HOUSE OF GOD OF DUNEDIN, INC.

m9354

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
443 JACKSON ST DUNEDIN FL 34698 US	443 JACKSON ST DUNEDIN FL 34698-4961 US
2. Principal Place of Business: ~~443~~ Jackson St.	3. Mailing Address: 443 Jackson St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, Fl.	City & State: Dunedin, Fl.
Zip: 34698 Country: Pinellas	Zip: 34698 Country: Pinellas

4. FEI Number: 23-7247864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, A L
422 JACKSON ST
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: Moore, A.L.
Street Address (P.O. Box Number is Not Acceptable): 422 JACKSON St.
City: Dunedin, FL Zip Code: 34698

8. 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: Moore, A.L. P/S/T/D — Signature, typed or printed name of registered agent and title if applicable.
Moore, A.L. P/S/T/D — (NOTE: Registered Agent signature required when reinstating)
JAN. 11, 2000 — DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, JUANITA 439 JACKSON ST DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD DIXON, JR., J. FREDERICK 1530 CARMEL AVENUE CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MOORE, A. L. 422 JACKSON ST. DUNEDIN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Alfonzer L. Moore Jan. 11, 2000 (727) 733-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #