

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90119 002 \*\*\*\*\*8.75  
02-07-2005 90119 001 \*\*\*\*\*61.25

**DOCUMENT # 724375**

1. Entity Name

THE HOUSE OF GOD OF DUNEDIN, INC.



Principal Place of Business

443 JACKSON ST  
DUNEDIN FL 34698  
US

Mailing Address

443 JACKSON ST  
DUNEDIN FL 34698  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

66001160



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

MORRE, A.L.  
422 JACKSON ST  
DUNEDIN FL 34698

Name

A.L. MOORE

Street Address (P.O. Box Number is Not Acceptable)

422 JACKSON STREET

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. I am familiar with, and accept the obligations of registered agent.

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)

Feb. 1, 2005

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME BROWN, JUANITA  
STREET ADDRESS 439 JACKSON ST  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME OD  
STREET ADDRESS DIXON, JR., J. FREDERICK  
CITY-ST-ZIP 1530 CARMEL AVENUE  
CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PSTD  
STREET ADDRESS MOORE, A. L.  
CITY-ST-ZIP 422 JACKSON ST.  
DUNEDIN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DELL III, JASPER  
STREET ADDRESS 3052 KINGS HWY  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: N.L. Moore - A.L. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2005 (727) 733-9767

Date

Daytime Phone #