

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A-1)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90048 001 ****61.25

03-14-2008 90048 002 *****8.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MOORE, ALFETZER L
422 JACKSON ST
DUNEDIN FL 34698

Name

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

SIGNATURE

Alfonzer L. Moore

Alfonzer L. Moore, Servant

3/4/08

(Signature, typed or printed name of registered agent and the filer, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	T	☐ Delete
NAME	BROWN, JUANITA	
STREET ADDRESS	439 JACKSON ST	
CITY- ST- ZIP	DUNEDIN FL 34698	
TITLE	OD	☐ Delete
NAME	DIXON, JR., J. FREDERICK	
STREET ADDRESS	1530 CARMEL AVENUE	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	PSTD	☐ Delete
NAME	MOORE, A. L.	
STREET ADDRESS	422 JACKSON ST.	
CITY- ST- ZIP	DUNEDIN FL	
TITLE	T	☐ Delete
NAME	DELL III, JASPER	
STREET ADDRESS	409 PALMETTO STREET	
CITY- ST- ZIP	DUNEDIN FL 34698	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
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 exemptions contained in Section 119, 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:

Alfonzer L. Moore

ALFONZER L. MOORE-SERVANT 3/4/08

727-733-4767