

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 041 ****61.25

DOCUMENT # 732954

1. Entity Name

CITY CHURCH OF HOMESTEAD, INC.



Principal Place of Business

47 N.W. 16TH STREET
HOMESTEAD FL 33030

Mailing Address

47 N.W. 16TH STREET
HOMESTEAD FL 33030



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-0803201

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

HOFFMAN, LYNDIA
2201 N.W. 4TH AVENUE
HOMESTEAD FL 33030

Name

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

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title (Exception:)

(NOTE: Registered Agent signature required when reappointing)

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 PD ☐ Delete
NAME HOFFMAN, LYNDIA
STREET ADDRESS 2201 N.W. 4TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VD ☒ Delete
NAME KALLMEY, FREDERICK W
STREET ADDRESS 18100 SW 264 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE SECT ☐ Delete
NAME QUATERMAIRE, JOAN
STREET ADDRESS 27703 SW 163 COURT
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VD ☒ Change ☐ Addition
NAME William F. Barthel
STREET ADDRESS 745 SE 25 Lane
CITY-ST-ZIP Homestead, FL 33033

TITLE ☒ Change ☐ Addition
NAME Quatermaine
STREET ADDRESS
CITY-ST-ZIP Spelling

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: *Joan Quatermaine* *Joan Quatermaine* 4/17/2008 786-553-9733