

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000656 (7)

1. Corporation Name

THE HOUSE OF GOD WHICH IS THE CHURCH ETC OF THE  
LIVING GOD A PENNSYLVANIA CORP.



Principal Place of Business

6107 COBB CREEK PARKWAY  
PHILADELPHIA PA 19143

Mailing Address

6107 COBB CREEK PARKWAY  
PHILADELPHIA PA 19143

3. Date Incorporated or Qualified  
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 6107 Cobbs Creek, Pkwy.

2a. Mailing Address

26 6107 Cobbs CK. Pkwy.

4. FEI Number

23-271-0118

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Philadelphia, PA.

City & State

28 Phila. PA.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 19143

Country

25 U.S.A.

Zip

29 19143

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, EMMITT  
1880 N. WATKINS POINT  
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WHITE, RAYMOND  
6107 COBB CREEK PKY.  
PHILADELPHIA PA 19143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WHITE, CHRISTINE  
6107 COBB CREEK PKY.  
PHILADELPHIA PA 19143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CANON, ROSA  
575 57TH ST. (South)  
PHILADELPHIA PA 19143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T  
BROADNAX, ISADORE  
8232 TEMPLE ROAD  
PHILADELPHIA, PA 19150

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T  
HENRY ATTERBERRY  
344 WEST GAS AVENUE  
YORK, PA 17404

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

T  
WATKINS, EMMITT  
1880 N. WATKINS POINT  
HERNANDO, FL 34442

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

\$ Deposited by Bank 6/25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 9-96 (215) 748-6338  
Daytime Phone #

CR2E037 (12/95)