2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004855

1. Entity Name
HOUSE OF GOD ACADEMY AND LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
2851 N. E STREET PENSACOLA, FL 32501	2851 N. "E" STREET PENSACOLA, FL 32501

09022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
30-0122359
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROPER, LARRY
5042 SKYLARK CT
PENSACOLA, FL 32505

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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 _____ DATE
Signature, required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000171852
09/08/04-80008-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROPER, LARRY
STREET ADDRESS	5042 SKYLARK CT
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	V
NAME	SMITH, RUFUS III
STREET ADDRESS	PO BOX 59
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	S
NAME	CRENSHAW, MICHAEL
STREET ADDRESS	2830 VALKYRY WAY
CITY-ST-ZIP	PENSACOLA, FL 32533
TITLE	T
NAME	SMITH, RUFUS JR.
STREET ADDRESS	49 CLARINDA LN
CITY-ST ZIP	PENSACOLA, FL 32505
TITLE	DIR
NAME	ROPER, LARRY D DIR
STREET ADDRESS	5042 SKYLARK COURT
CITY-ST-ZIP	PENSACOLA,, FL 32505
TITLE	DIR
NAME	SMITH, RUFUS J DIR
STREET ADDRESS	49 CLARINDA LANE
CITY ST ZIP	PENSACOLA, FL 32505

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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: C. Lawrence Smith C.E.O. 9/2/04 850-438-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 850-429-1492