

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N02000006865**

1. Entity Name  
**THE HOUSE OF GOD DAY CARE CENTER, INC.**



**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90013 002 \*\*\*\*69.00

Principal Place of Business

**1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209**

Mailing Address

**1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209**



02282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**52-2376131**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HARRIS, BARBARA  
1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

**3/1/04**  
DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
HARRIS, BARBARA  
1924 MEHARRY AVE.  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STEWART, CAROL  
3354 JAPONICA ROAD NORTH  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOSTIC, FLORENCE  
3201 DIGNAN ST.  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JONES, PAULETTE  
10569 ARENDAL RD.  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WATKINS, TONYA  
11709 HARTS RD.  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CURRY, KATHY  
4528 ROSEMONT RD.  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Barbara Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/04**  
Date

**904-764-4444**  
Daytime Phone #