


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006865	
1. Entity Name THE HOUSE OF GOD DAY CARE CENTER, INC.	

Principal Place of Business 1941 TUSKEGEE ROAD JACKSONVILLE, FL 32209	Mailing Address 1941 TUSKEGEE ROAD JACKSONVILLE, FL 32209
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04152005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 52-2376131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS, BARBARA 1941 TUSKEGEE ROAD JACKSONVILLE, FL 32209

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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 <i>Barbara Harris</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>4/15/5</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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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)(f), 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: <i>Barbara Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/15/5</i> <small>Daytime Phone #</small>