

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006865

FILED  
May 01, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 52-2376131      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARRIS, BARBARA  
1941 TUSKEGEE ROAD  
JACKSONVILLE, FL 32209      US

**Name and Address of New Registered Agent:**

WILLIAMS, ROWLAND V  
1125-1 CESERY BLVD  
JACKSONVILLE, FL 32211      US

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.

SIGNATURE: ROWLAND V. WILLIAMS

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: HARRIS, BARBARA  
Address: 1924 MEHARRY AVE.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V      ( ) Delete  
Name: STEWART, CAROL  
Address: 3354 JAPONICA ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: BOSTIC, FLORENCE  
Address: 3201 DIGNAN ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: T      ( ) Delete  
Name: JONES, PAULETTE  
Address: 10569 ARENDAL RD.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S      ( ) Delete  
Name: WATKINS, TONYA  
Address: 11709 HARTS RD.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D      ( ) Delete  
Name: CURRY, KATHY  
Address: 4528 ROSEMONT RD.  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HARRIS

C

05/01/2006

Electronic Signature of Signing Officer or Director

Date