FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

(3)

HOUSE OF GOD 100 INC

TIOUSE OF GOD TOO, INC.												
Principal Plac	e of Business	Mailing Address										
FRAZIER. BERNICCE 3190 NW 44TH ST MIAMI FL 33142				% BERNICE K. FRAZIER 3190 NW 44TH STREET MIAMI FL 33137					Date Incorporated or Qualified 01/08/1986 FEI Number		Applied For	
us										NOT APPLICABLE		Not Applicable
2. Principal P	lace of Busine	-	2a. Mailing Address 26					5.	Certificate of Status Desired		5 Additional	
Suite, Apt.	#. BlC.		Sulte, Apt. #, etc.					6.	Election Campaign Financing		Required May Be	
22	,	27	27					"	Trust Fund Contribution		d to Fees	
City & State	е		City & State					7.	is this nonprofit corporation a homeowner	s associa	ation?	
23		28					☐ Yes ☐ No					
Zip	·		\vdash	─ `		Country		8. This corporation owes or has paid the current year Intangible				
24	9. Name and Addr		29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	4. 1101110 0	nio Addiesa di Cuite	ili nogis	torou Agent		81	Ti	Name		Marile and Address of New Negistered	Ayont	
FOATIFO	DEDUICE I	v		•								
FRAZIER, BERNICE K. 3190 NW 44TH STREET							82 Street Addre			O. Box Number is Not Acceptable)		
MIAMI FL					83	+	·					
i	- 00 /					B4	۱.	City			loc 5	ip Code
						64	Ϊ,	√ity		FL	85 2	ip Gode
11. Pursuant	to the provision	ons of Sections 617.05	02 and 6	17.1508, Florida Statut	tes, the	e abov	e-n	named corpo	ration	n submits this statement for the purpose of loard of directors. I hereby accept the app	changin	g its registered
agent. I a	m familiar with	1, and accept the obli	gations of	f, Section 617.0503, FI	lorida S	Statute	y≀ı S.	ie corporatio	III S U	loard of directors. Thereby accept the app	OH IU HOU	as registered
SIGNATURE												
Signature, typed or printed name of registered age 12. OFFICERS AND							gistered Agent signature required v			reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	OI FICENS A	7			1.1 TITLE				ADDITIONAL TO CITION AND	Chang	
NAME		BERNICE K.					1.2 NAME					,
STREET ADDRESS 320 NW 47TH STREET				1.3 \$			1.3 STREET ADDRESS					
CITY-\$T-ZIP	MIAMI FL	, , , , , , , , , , , , , , , , , , , ,			1.	4 CITY-5	ST - Z	ZIP				
TITLE	PD			DELETE	2.	1 TITLE					Chang	ge Addition
NAME	ME YOUNG, MAGGIE			2.21			2.2 NAME					
STREET ADDRESS 2210 NW 167TH STEET				2.3 5			2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	<u></u>			_	4 CITY-	ST-	ZIP				
TITLE	VCD	DE. 66.11 .		☐ DELETE		1 TITLE					Chang	ge 🔲 Addition
NAME							3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	MIAMI FL	I IN SINCE				a STHEET 4. CITY-1						
CITY-ST-ZIP TITLE	MINIMI LE			DELETE		1 TITLE	51-	Zir			Chang	ge Addition
NAME					- 6	2 NAME	t			70000240580	าว	
STREET ADDRESS				4.3 ST			1.3 STREFT ADDRESS			-01/21/980100802	24	
CITY-ST-ZIP_					4.	4 CITY - S	ST-2	ZIP I		***8,75		
TITLE				DELETE	5.	1 TITLE					Chang	ge 🔲 Addition
NAME				5.2			5.2 NAME ,			70000240581 -01/21/9801008 9] 7.	• 3
STREET ADDRESS					- 8	3 STREET		- 1		-01/21/9801008 9	B O	23
CITY-ST-ZIP				DELETE	_	4 CITY-S	ST- Z	<u> 11P</u>		***61.25	Chang	na I deletition
TITLE				L DELETE	1	1 TITLE					LJ Chang	
NAME					1	2 NAMÉ	r a fini	PDDCCC				1-30
STREET ADDRESS					6.	3 STREET	I AU	Nut 50				21

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

CITY-ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State