

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

DOCUMENT # N12899

1. Entity Name

HOUSE OF GOD 100, INC.



02-06-2004 90047 001 *****61.25

02-06-2004 90047 002 *****8.75

Principal Place of Business

3190 N.W. 44TH ST
MIAMI FL 33127
US

Mailing Address

% BERNICE K. FRAZIER
3190 NW 44TH STREET
MIAMI FL 33142

2. Principal Place of Business

3190 NW 44TH ST.

Suite, Apt. #, etc.

3. Mailing Address

320 N.W. 47TH ST.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Miami Fla

City & State

Miami, Fla.

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

33127

Country

U.S.A.

Zip

33127

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, BERNICE K.
3190 NW 44TH STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Bernice K. Frazier

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRAZIER, BERNICE K.
STREET ADDRESS 320 NW 47TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD
NAME FRAZIER, JAMES
STREET ADDRESS 320 NW 47TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VCD
NAME MIYOUNG, MARGIE LEE
STREET ADDRESS 2210 N.W. 167TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Bernice K. Frazier
STREET ADDRESS 320 N.W.
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mrs Bernice K. Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #