

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90208 001 *****8.75

04-19-2006 90208 002 *****61.25

DOCUMENT # N12899

1. Entity Name
HOUSE OF GOD 100, INC.



Principal Place of Business
3190 NW 44 ST
MIAMI, FL 33142 US

Mailing Address
320 N.W. 47 ST
MIAMI, FL 33127

66010780



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3190 N.W. 44 St

320 N.W. 47 St

City & State

City & State

miami, fla.

miami Fla.

Zip

Country

Zip

Country

33142

U.S.A.

33127

U.S.A.

03312006

Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRAZIER, BERNICE K. 320 NW 47TH STREET MIAMI, FL	<input type="checkbox"/> Delete same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRAZIER, JAMES 320 NW 47TH STREET MIAMI, FL	<input type="checkbox"/> Delete same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MIYOUNG, MARGIE LEE 2210 N.W. 167TH STREET MIAMI, FL	<input type="checkbox"/> Delete same
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/10/06 305-7511713
Date Daytime Phone #