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Sep 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23331

(4)

1. Corporation Name

CAPERNAUM HOUSE, INC.



Principal Place of Business

Mailing Address

P O BOX 562050
MIAMI FL 33256-7635

P O BOX 562050
MIAMI FL 33256-2050

3. Date Incorporated or Qualified
11/04/1987

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0020957

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST.
SUITE 3600
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ~~OP~~ LAWRENCE, MICHAEL

STREET ADDRESS 8134 SW 102

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME DTS TONO, MARY

STREET ADDRESS 6545 SW 129 TORR

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME ~~OP~~ HAMLIN, ROY

STREET ADDRESS 8265 SW 98 ST

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D TORO, FRANK

STREET ADDRESS 6545 129 TERR

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

OP ☐ Change ☒ Addition

Irwin, Iris

13965 Langley Place.

Orlando, FL 33325

DTS ☒ Change ☐ Addition

TORO, MARY

6545 SW 129 Terrace

Miami FL

OP ☐ Change ☒ Addition

Lynne Watters

5206 SW 91 Ave

Cooper City FL 33328

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *M. Mortham* *11/04/1987* *205 115 2255*

CR2E037 (9/96)