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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36385** (5)

1. Corporation Name

**THE HOUSE OF WORSHIP CHURCH OF THE LIVING GOD, I
NC.**

Principal Place of Business

Mailing Address

**2865 NW 7TH CT
FT LAUDERDALE FL 33311**

**2865 NW 7TH CT
FT LAUDERDALE FL 33311**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**BROWN, ROY A.
2865 NW 7TH CT
FT LAUDERDALE FL 33313**

3. Date Incorporated or Qualified

01/31/1990

4. FEI Number

65-0235918

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Cunningham, Claudia M

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

751 N.W. 13th Terr.

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33311

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
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Claudia Cunningham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **BROWN, ROY A.**
CITY-ST-ZIP **2865 NW 7TH CT
FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **CUNNINGHAM, CLAUDIA M**
CITY-ST-ZIP **751 NW 13TH TERR
FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **BROWN, MAURICE A**
CITY-ST-ZIP **751 NW 13TH TERR
FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DM**
STREET ADDRESS **CUNNINGHAM, CLAUDIA MAY**
CITY-ST-ZIP **751 NW 13TH TERR.
FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP ☒ Change ☐ Addition

1.2 NAME

Cunningham, Claudia M

1.3 STREET ADDRESS

751 N.W. 13th Terr.

1.4 CITY-ST-ZIP

Ft. Lauderdale, FL 33311

2.1 TITLE

DV ☒ Change ☐ Addition

2.2 NAME

Brown, Maurice A

2.3 STREET ADDRESS

751 N.W. 13th Terr.

2.4 CITY-ST-ZIP

Ft. Lauderdale, FL 33311

3.1 TITLE

DS ☒ Change ☐ Addition

3.2 NAME

Rice, Barbara D

3.3 STREET ADDRESS

1959 N.W. 59th way

3.4 CITY-ST-ZIP

Lauderhill, FL 33311

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Claudia Cunningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/98

954-525-8624

Daytime Phone #

CP2E037 (1097)