2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N36385

1. Entity Name
THE HOUSE OF WORSHIP CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
751 N.W. 13TH TERR. FT LAUDERDALE, FL 33311	P.O. BOX 1223 FT. LAUDERDALE, FL 33311

05072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0235918

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, CLAUDIA
751 NW 13TH TERR
FT LAUDERDALE, FL 33311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	CUNNINGHAM, CLAUDIA
STREET ADDRESS	751 13TH TERR
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D/V
NAME	BROWN, MAURICE
STREET ADDRESS	1959 N.W. 59TH WAY
CITY-ST-ZIP	LAUDERHILL, FL 33302
TITLE	D/S
NAME	RICE, BARBARA
STREET ADDRESS	1959 NW 59 TH WAY
CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/07/04-80001-015 70.00

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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: Claudia Cunningham 5/25/04 754-525-8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #