

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90108 024 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N38867

1. Entity Name

HOUSE OF THE LIVING GOD, INC.

**DO NOT WRITE IN THIS SPACE**

34677

2. Principal Place of Business

5637 PEMBROKE ROAD

Suite, Apt. #, etc.

P.O. BOX 693281

City & State

HOLLYWOOD, FL.

Zip  
33023

Country

BROWARD

3. Mailing Address

P.O. BOX 693281

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33269

Country

DADE

4. FEI Number

65-0211001

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

PAMELLA B. WATSON

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

20401 NW 2ND AVE. SUITE 300

City

MIAMI

FL

Zip Code  
33169

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JACKSON, MELBOURNE N. 770 N.W. 184TH DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PATTERSON, ZEPHLIN 1024 LAND VIEW COURT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JACKSON, THELMA I. 770 NW 184TH DRIVE MIAMI, FL
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Thelma Jackson* THELMA JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-493-1590  
4-21-02

CR2E037B (12/01)