

FILE NOW:-FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000535 (6)

1. Corporation Name

LET GO, LET GOD, INC.



Principal Place of Business

Mailing Address

**468 E MELROSE CIRCLE
FT LAUDERDALE FL 33311**

**468 E MELROSE CIRCLE
FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
07/17/1995

2. Principal Place of Business

2a. Mailing Address

21 3846 W. Bro. Blvd.

26 3861 N.W. 5 Street

4. FEI Number
65-0360371

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Plantation - Fl.

28 Fort Lauderdale, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24 33312

25 Broward

29 33311

30 Broward

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

**CAMPBELL, EDDYE M
468 E. MELROSE CIR.
FT LAUDERDALE FL 33312**

**81 Name Eddye M. Campbell
82 Street Address (P.O. Box Number is Not Acceptable)
3861 N.W. 5 Street
83
84 City Fort 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 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 **Eddye M. Campbell - Executive Director**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CAMPBELL, EDDYE M**
STREET ADDRESS **3861 NW 5 ST.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33311**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **ALLEYNE, DAVID**
STREET ADDRESS **462 E. MELROSE CIR.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33312**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CHILDS, EVELYN**
STREET ADDRESS **2342 NW 28 ST.**
CITY - ST - ZIP **OAKLAND PARK FL 33311**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MORGAN, JAMES**
STREET ADDRESS **542 SW 27TH TERR**
CITY - ST - ZIP **FT LAUDERDALE FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Eddye Campbell (Eddye Campbell)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-96 (954) 797-4172
Date Daytime Phone #

CR2E037 (12/95)