

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 # **N94000002339 (9)**

1. Corporation Name

TREASURE HOUSE MINISTRIES INC.

Principal Place of Business

Mailing Address

**324 VAN BUREN ST
HOLLYWOOD FL 33019**

**324 VAN BUREN ST
HOLLYWOOD FL 33019**



3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
09/06/1995

4. FEI Number

65-0586093

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

2. Principal Place of Business

2a. Mailing Address

21 **SCHREIER Suzanne**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **233 NE 212TH**

27

City & State

City & State

23 **North Miami Beach FLA**

28

Zip

Country

Zip

Country

24 **33179**

25

Jade

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHREIER, SUZANNE
233 NE 212TH ST.
NORTH MIAMI BEACH FL 33179**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DUHAMEL, YVETTE A**
STREET ADDRESS **324 VAN BUREN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VD** ☐ DELETE
NAME **SCHREIER, SUZANNE**
STREET ADDRESS **233 NE 12TH TERR.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **STD** ☐ DELETE
NAME **SCHREIER, WARREN**
STREET ADDRESS **233 NE 12TH TERR.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **D** ☐ DELETE
NAME **BENNETT, GARRY**
STREET ADDRESS **324 VAN BUREN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☐ DELETE
NAME **DUHAMEL, MARK**
STREET ADDRESS **324 VAN BUREN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

S. Schreier

Suzanne SCHREIER

4-2-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)