## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DWISION OF CORPORATIONS

98 DEC -7 PM 4: 32

DOCUMENT #

Principal Place of Business

N94000005367

Mailing Address

JEREMIAH'S HOMEWARD BOUND, INC.

2792	S.W. 32nd Avenue	2792 S.W.	32nd	Ave	nue		
		Coconut Grove, FL 33133				3. Date Incorporated or Qualified	
Cocont	ut Grove, FL 33133	COCOHUL G.		, PL .	,	10/28/1994	
1			,-	1.		4. FEI Number	Applied For
			٠.	,		65-0642184	Not Applicable
2. Principal F	Place of Business	2a. Mailing Addres	s ·				
21	idde or boomeas	26	_	•		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	# etc	Suite, Apt. #, el					
	. #, 810.	<b>—</b>				6. Election Campaign Financing	\$5.00 May Be
22	· · · · · · · · · · · · · · · · · · ·	27 City 9 Otata				Trust Fund Contribution	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
23		28					Yes X No
Zip	Country	Zip		_ Counti	ry	8. This corporation owes or has paid	
24	25	29	30	0		Personal Property Tax due June 3	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	jistered Agent
				8	1 Name	•	
J. W. RICHARDSON			OS CONTRACTOR (FO CONTRACTOR AND				
2794 S.W. 32nd Avenue				82 Street Add		dress (P.O. Box Number is Not Acceptable)	
			83	3			
	Coconut Grove, FL 33	133		- ·	1		
				84	4 City		85 Zip Code
					1 -		FLI
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes,	the abo	ve-namec	d corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing its registered
anent i a	registered agent; or both, in the State of	r Florida, Such change ons of Section 617.05	was autr 03. Floric	norized d da Statute	y ine cor as.	rporation's board of directors. I nereby accept	tne appointment as registered
	in the state of the state	31.0 31, 0033311 7 11 14 1				•	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE R	legistered Ac	zent sionature	re required when reinstating)	DATE
	Signature, typed or printed name of registered agent		(NOTE R	legistered Ag	gent signature	re required when reinstalling) , c  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS		13.		re required when reinstating) , e  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
12.	OFFICERS AND J. W. RICHARDSON	DIRECTORS  DELE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change
12. TITLE PD	J. W. RICHARDSON 2794 S.W. 32nd Ave	DIRECTORS  DELE  nue		13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition
12.	OFFICERS AND J. W. RICHARDSON	DIRECTORS  DELE  nue		13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12    Change
12. TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	J. W. RICHARDSON 2794 S.W. 32nd Ave	DIRECTORS  DELE  DELE  33133	Œ •	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T.ADORESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12   Change
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12. TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	J. W. RICHARDSON 2794 S.W. 32nd Ave Coconut Grove, FL LUIS CABALLERO	DELETORS  DELETORS  DELETORS  DELETORS  DELETORS	Œ •	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T.ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12   Change
12. TITLE PD NAME STREET ADDRESS CITY-ST-ZIP TITLE VD NAME	J. W. RICHARDSON 2794 S.W. 32nd Ave Coconut Grove, FL LUIS CABALLERO 25815 S.W. 122nd C	DELETORS  DELETO	Œ •	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T.ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12   Change
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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 appenment with an address.

61 TITLE

6 2 NAME

6 3 STREET ADDRESS

SIGNATURE: Michan

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

7001 15, 1998 448-157 Date Dayline Prone #

☐ Change

☐ Addition

HZE03/ (10/8/