

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90023 011 ****70.00

DOCUMENT # N94000005367

1. Corporation Name

JEREMIAH'S HOMEWORD BOUND, INC.

Principal Place of Business

2792 S.W. 32ND AVENUE
COCONUT GROVE FL 33133

Mailing Address

2792 S.W. 32ND AVENUE
COCONUT GROVE FL 33133



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0642184	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

RICHARDSON, J.W.
2794 SW 32ND AVE
COCONUT GROVE FL

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, J.W.	1.2 NAME	
STREET ADDRESS	2794 SW 32ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABALLERO, LUIS	2.2 NAME	WHITEHEAD, LINDA
STREET ADDRESS	25815 SW 122ND CT	2.3 STREET ADDRESS	1801 NW 9TH AVE SUITE 470
CITY-ST-ZIP	HOMESTEAD FL 33032	2.4 CITY-ST-ZIP	MIAMI FL 33136
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, AMPARO	3.2 NAME	WILLIAM GOTTFRIED, WILLIAM
STREET ADDRESS	601 E 52ND ST	3.3 STREET ADDRESS	2530 NE 36TH AVE
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KOPSTEIN, KEN
STREET ADDRESS		4.3 STREET ADDRESS	3624 COLLINS AVE APT 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *J. Richardson* J. W. RICHARDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 11, 1999 305-442-0863

Date Daytime Phone #

CR2E037 (5/99)