

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003306 (5)

1. Corporation Name

GOD'S KITCHEN, INC.

Principal Place of Business

Mailing Address

218 NW 11TH AVENUE  
BOYNTON BEACH FL 33435

218 NW 11TH AVENUE  
BOYNTON BEACH FL 33435



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 204 NE 13TH AVE

2a. Mailing Address

26 204 NE 13TH AVE.

4. FEI Number

65-0693526

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL 33435

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24 33435

25 USA

Zip

Country

29 33435

30 USA

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, MICHAEL R  
800 S ANDREWS AVENUE, 6TH FLOOR  
FORT LAUDERDALE FL 33301

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 PD ☐ DELETE  
NAME WRIGHT, TOM  
STREET ADDRESS 7251 N FEDERAL HIGHWAY  
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME WEAL, EDDIE  
STREET ADDRESS 1801 NW 3RD STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33435

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME WEAL, MINNIE  
STREET ADDRESS 1801 NW 3RD STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33435

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SIEBERT, NINA  
STREET ADDRESS 201 W PALMETTO PARK ROAD  
CITY-ST-ZIP BOCA RATON FL 33432

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME BASS, SANDI  
STREET ADDRESS 327 EASTWOOD TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME BASS SANDI  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE

7/16/97

CR2E037 (4/97)