

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90010 016 \*\*\*\*61.25

**DOCUMENT # N96000003306**

1. Corporation Name

**GOD'S KITCHEN, INC.**

Principal Place of Business

204 NE 13TH AVE  
BOYNTON BEACH FL 33435  
US

Mailing Address

204 NE 13TH AVE  
BOYNTON BEACH FL 33435  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/19/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0693526

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASS, MICHAEL R**  
**600 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 ☐ DELETE

NAME **PD**  
**WENT, EDDIE**  
STREET ADDRESS **1601 NW 3RD ST**  
CITY-ST-ZIP **BOYNTON BCH FL 33435**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PD**  
**WEAL, EDDIE**  
1.3 STREET ADDRESS **1601 NW 3RD ST**  
1.4 CITY-ST-ZIP **BOYNTON BCH, FL 33435**

TITLE ☐ DELETE

NAME **VD**  
**SEIBERT, NINA**  
STREET ADDRESS **201 W PALMETTO PK RD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD**  
**WEAL, MINNIE**  
STREET ADDRESS **1601 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 ☐ DELETE

NAME **D**  
**MALLING, G**  
STREET ADDRESS **11731 ISLAND LAKES CAVE**  
CITY-ST-ZIP **BOCARA RATON FL 33498**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S**  
**GAYLE, NIETHA**  
STREET ADDRESS **3128 E PALM DR**  
CITY-ST-ZIP **BOYNTON BCH FL 33435**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
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 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:

*Signature of Michael R. Bass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 561-736-6440  
Date Daytime Phone #

CR2E037 (1/98)

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