

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003359

1. Entity Name
BIBLICAL HOUSE OF GOD NONE OTHER CHURCH, INC.



Principal Place of Business

**819 J A ELY BLVD
DANIA, FL 33004**

Mailing Address

**C/O JOSIE HANSEN
3571 N.W. 18TH PLACE
FT. LAUDERDALE, FL 33311**

FILED

04 AUG 12 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02032004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

31-1490207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANSEN, JOSIE
3571 N.W. 18TH PLACE
FT. LAUDERDALE, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HANSEN, JOSIE
STREET ADDRESS 3571 N.W. 18TH PLACE
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE D
NAME WILLIAMS, VANESSA
STREET ADDRESS 3571 N.W. 18TH PLACE
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE D
NAME ROBINSON, TOMMIE
STREET ADDRESS 819 SW J.A. ELY BLVD
CITY-ST-ZIP DANIA, FL 33004

TITLE D
NAME DEAS, JEFFREY
STREET ADDRESS 819 SW J.A. ELY BLVD
CITY-ST-ZIP DANIA, FL 33004

TITLE D
NAME LEWIS, CHARLES L
STREET ADDRESS 1876 N.W. 107TH ST.
CITY-ST-ZIP MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400040144174
08/12/04--01067--002 **1.00

400040144174
08/12/04--01067--001 **60.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tommie Robinson Secretary 574-6541
8/8/12