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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90061 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000006513

1. Corporation Name

THE SWEET HOME MINISTRIES INCORPORATED

94528 - 90061 - 36

Principal Place of Business
17201 S.W. 103RD AVENUE
MIAMI FL 33157

Mailing Address
17201 S.W. 103RD AVENUE
MIAMI FL 33157



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/20/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
APPLIED FOR 65-0858670
Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing - Trust Fund Contribution \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, BARBARA A
9456 S.W. 164TH COURT
MIAMI FL 33196

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 P DELETE
NAME RICHARDSON, WALTER T
STREET ADDRESS 7993 S.W. 187TH STREET
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D DELETE
NAME HOWARD, BARBARA
STREET ADDRESS 9456 S.W. 164TH COURT
CITY-ST-ZIP MIAMI FL 33196

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

TITLE D DELETE
NAME JORDAN, BARBARA
STREET ADDRESS 2251 N.W. 188TH TERRACE
CITY-ST-ZIP MIAMI FL 33056

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

TITLE D DELETE
NAME PRICE, MATTHEW
STREET ADDRESS 16611 S.W. 104TH AVENUE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D DELETE
NAME HOWARD, SAM
STREET ADDRESS 19755 S.W. 135TH AVENUE
CITY-ST-ZIP MIAMI FL 33177

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 REQUIRED

1-14-99 (305) 251-5753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)