FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:07

DOCUMENT # 722621 (0)

1. Corporation Name

HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE LIVIN
G GOD THE GATES OF HEAVEN, INC.

Principal Place of Business	Mailing Address
830 SW 4TH ST HOMESTEAD FL 33030	830 SW 4TH ST HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1972
3a. Date of Last Report: 03/14/1994
4. FEI Number: 05-0390000 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORTIMER, MOTHER DAISY
10730 SW 218 ST.
GOULDS FL 33170

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PB	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BISHOP CHARLES	1.2 NAME	
STREET ADDRESS	10720 SW 218 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	1.4 CITY-ST-ZIP	
TITLE	SRE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORTIMER, DAISY	2.2 NAME	
STREET ADDRESS	10730 S.W. 218 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	2.4 CITY-ST-ZIP	
TITLE	NMD	3.1 TITLE	☑ Change ☐ Addition
NAME	JEMISON, ATLANTA	3.2 NAME	C/D/P LONNIE C. CALDWELL
STREET ADDRESS	616 MICKENS LANE	3.3 STREET ADDRESS	995 NW 9 AVE
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	FT CITY FL 33030
TITLE	SMD	4.1 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, CHARLIE	4.2 NAME	
STREET ADDRESS	995 NW 9 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT CITY FL	4.4 CITY-ST-ZIP	
TITLE	GMD	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ANNIE S.	5.2 NAME	
STREET ADDRESS	10720 S.W. 218 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	5.4 CITY-ST-ZIP	
TITLE	NE	6.1 TITLE	☐ Change ☐ Addition
NAME	MAYO, JOE	6.2 NAME	
STREET ADDRESS	13510 SW 226 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daisy Mortimer DAISY MORTIMER S/R/E 4/15/95 (305) 257-0734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006718