## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722621** 

FILED Jan 11, 2009 Secretary of State

Entity Name: HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE LIVING GOD THE GATES OF HEAVEN, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
830 SW 4 HOMESTI	TH ST EAD, FL 3303	30			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	V. 218 ST. , FL 33170	US			
FEI Number	r: 59-2591056	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
10730 SW	ER, MOTHER / 218 ST. , FL 33170	DAISY			
	e named entity e of Florida.	y submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
	Electro	onic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SRE ( MORTIMER, 10730 S.W. 2 GOULDS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CD ( CALDWELL, 995 NW 9 AV FLORIDA CIT	E.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SMD ( CALDWELL, 995 NW 9 AV FLORIDA CIT	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GMD ( WILLIAMS, A 10720 S.W. 2	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:	GOULDS, FL				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BISHOP CHARLIE WILLIAMS PB 01/11/2009