

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004654

FILED
Apr 23, 2008
Secretary of State

Entity Name: HOUSE OF GOD, CASA DE DIOS, TAMPA, INC

Current Principal Place of Business:

121 FLAGSHIP DRIVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

3113 GIANNA WAY
LAND O LAKES, FL 34638

New Mailing Address:

FEI Number: 30-0419128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACAJA, HENRY I SR
3113 GIANNA WAY
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AJO, HENRY I SR
Address: 3113 GIANNA WAY
City-St-Zip: LAND O LAKES, FL 34638

Title: VP () Delete
Name: AJO, DELIA E
Address: 3113 GIANNA WAY
City-St-Zip: LAND O LAKES, FL 34638

Title: S () Delete
Name: AJO, YOLANDA S
Address: 7609 LEMON WOOD CT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY ISAACAJA

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date