I hereby 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 all other like empowered.

SIGNATURE: ARTHUR L. GREEN JR.

Electronic Signature of Signing Officer/Director Detail

TAMPA, FL 33603 US

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:

Officer/Director Detail :			
Title	P	Title	М
Name	GREEN, ARTHUR LJR	Name	GUIGNARD, KEDDHY
Address	13019 TERRACE SPRING DRIVE	Address	9717 TRANQUILITY CIRCLE
City-State-Zip:	TEMPLE TERRACE FL 33637	City-State-Zip:	RIVERVIEW FL 33578
Title	D	Title	FIN
The	D	The	
Name	DUNNIGAN, ARTHUR LJR	Name	GREEN, BETTY J
Address	12616 EVINGTON POINT DRIVE	Address	13019 TERRACE SPRINGS DR
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	TAMPA FL 33637

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LOVETT, FOSTER CPA 400 E MLK BLVD #108

# DOCUMENT# N0200005920

Entity Name: HOUSE OF RESTORATION CHURCH OF GOD, INC.

# **Current Principal Place of Business:**

**1603 E HILLSBOROUGH AVENUE** TAMPA, FL 33610

## **Current Mailing Address:**

PO BOX 310591 TAMPA FL 33680-0591

## FEI Number: 59-3696712

Certificate of Status Desired: Yes

04/05/2014

FILED Apr 05, 2014 Secretary of State CC9238247101

Date

SR. PASTOR, HORCOG

Date