2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Que Martin

Feb 20, 2006 8:00 am Secretary of State **DOCUMENT # 724375** 1. Entity Name 02-20-2006 90064 001 ****61.25 THE HOUSE OF GOD OF DUNEDIN, INC. 02-20-2006 90064 002 *****8.75 Principal Place of Business Mailing Address OUUUTIUM 443 JACKSON ST 443 JACKSON ST **DUNEDIN FL 34698** DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address House of too both sauch Suite, Apt. #, etc. Suite, Apt. #Netc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number - 23-7247864 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired inellas Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, A L 422 JACKSON ST (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ... Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE ☐ Delete ☐ Addition BROWN, JUANITA NAME 439 JACKSON ST STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-ZIP CITY-ST-ZIP OD ☐ Delete TITLE ☐ Change ☐ Addition DIXON, JR., J. FREDERICK NAME NAME 1530 CARMEL AVENUE STREET ADORESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP **PSTD** Change. ____Addition_ ☐ Delete TITLE TITLE MOORE, A. L. NAME NAME 422 JACKSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME DELL III, JASPER STREET ADDRESS 3052 KINGS HWY STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED