2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743770

FILED Apr 25, 2009 Secretary of State

Entity Name: THE HOUSE OF GOD OF NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business:

1042 NW 3RD AVENUE MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

2000 N.W. 93 STREET MIAMI, FL 33147

FEI Number: 75-3224723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHOOS, S. SCOTT ESQ 15600 S.W. 288 STREET SUITE 312 HIALEAH, FL 33033 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:

Flateria Circulus of Business I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 WALKER, ROOSEVELT

 Address:
 2000 N.W. 93RD. ST.

 City-St-Zip:
 MIAMI, FL 33147

 Title:
 1-VP
 () Delete

 Name:
 WILSON, LEEROY

 Address:
 5608 NW 192 LANE

 City-St-Zip:
 MIAMI GARDENS, FL 33055

 Title:
 2-VP () Delete

 Name:
 WILSON, CECEILIA

 Address:
 10820 W GOLF DRIVE

 City-St-Zip:
 MIAMI, FL 33167

 Title:
 S
 () Delete

 Name:
 STEWART, DEBORAH

 Address:
 2000 NW 93 STREET

 City-St-Zip:
 MIAMI, FL 33147

 Title:
 AS
 () Delete

 Name:
 WILSON, ALINE

 Address:
 189 NW 92 STREET

 City-St-Zip:
 MIAMI SHORES, FL 33150

 Title:
 T
 (X) Delete

 Name:
 BURCH, KATHY

 Address:
 745 NW 49 STREET

 City-St-Zip:
 MIAMI, FL 33127

Title: P (X) Change () Addition
Name: WILSON, LEEROY PRESIDE
Address: 5608 N.W. 192 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

 Title:
 VP
 (X) Change () Addition

 Name:
 WILSON, CECEILIA V-PRESI

 Address:
 10820 W. GOLF DRIVE

 City-St-Zip:
 MIAMI, FL 33167

Title: S (X) Change () Addition
Name: STEWART, DEBORAH SECRETA
Address: 2000 N.W. 93RD STREET
City-St-Zip: MIAMI, FL 33147

Title: AS (X) Change () Addition Name: WILSON, ALINE ASST-S

 Name:
 WILSON, ALINE ASST-S

 Address:
 189 N.W. 92ND STREET

 City-St-Zip:
 MIAMI SHORES, FL 33150

Title: T (X) Change () Addition Name: BURCH, KATHY TREASUR Address: 745 N.W. 49TH STREET

City-St-Zip: MIAMI, FL 33127

() Change () Addition

Title:
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: DEBORAH STEWART SECR 04/25/2009