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

Feb 17, 2006 8:00 am **DOCUMENT # 768945 Secretary of State** 1. Entity Name 02-17-2006 90082 015 ****61.25 THE HOUSE OF MEDITATION IN GOD, INC. Principal Place of Business Mailing Address C/O EVANS BROWN 627 CARVER DRIVE C/O EVANS BROWN 627 CARVER DRIVE LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 43-2042033 Not Applicable Zip 1 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, EVANS 338 "M" STREET LAKE WALES FL 33853 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agont signature required when reinstating) Paralle and the second FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition BROWN, VICTOR LEON NAME NAME 1846 OAKLAND PARK DR STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ■ Addition LUIS, STEWART NAME NAME 424 PANDORA DR STREET ADORESS STREET ADDRESS INDIAN LAKE ESTATES FL 33855 CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Delete TITLE Addition TITLE NAME STEWART-COBB, LOIS NAME STREET ADDRESS 424 PANDORA DR STREET ADDRESS CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855 CITY-ST-ZIP ☐ Delete Addition NAME BROWN, EVANS L NAME STREET ADDRESS NE 812 WARE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, CYNTHIA M NAME 4410 TOWNSHIP LINE RD/2D STREET ADDRESS STREET ADDRESS DREXEL HILL PA 19026 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE Change Addition BROWN, EVANS NAME NAME 338 M STREET STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 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.

SIGNATURE:

Evons Brown

2/6/20006

FILED