


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 032 ****61.25

DOCUMENT # 768945	
1. Entity Name THE HOUSE OF MEDITATION IN GOD, INC.	

Principal Place of Business C/O EVANS BROWN 627 CARVER DRIVE LAKE WALES FL 33853	Mailing Address C/O EVANS BROWN 627 CARVER DRIVE LAKE WALES FL 33853
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/07)

4. FEI Number 43-2042033		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROWN, EVANS 338 "M" STREET LAKE WALES FL 33853		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *X Evans Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/08

FILE NOW: FEE IS \$61.25 Due By: September 5, 2007 <i>pd April 8, 2008</i>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, VICTOR LEON 1846 OAKLAND PARK DR LAKE WALES FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Vera Ann 814 S. E. 5th Avenue Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART-COBB, LOIS 424 PANDORA DR INDIAN LAKE ESTATES FL 33855 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Eva 627 Carver Drive Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EVANS L INE 612 WARE AVE WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nugent, Velzina 243 Grand Reserve Drive Davenport, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM BROWN, CYNTHIA M 4410 TOWNSHIP LINE RD/2D DREXEL HILL PA 19026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Cynthia PO. Box 472 Drexel Hill, PA 19026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, EVANS 338 M STREET LAKE WALES FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Velzina, L Nugent Error 243 Grand Reserve Drive Davenport, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X Evans Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR