2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 768945

Entity Name: THE HOUSE OF MEDITATION IN GOD, INC.

Current Principal Place of Business:

C/O EVANS BROWN
627 CARVER DRIVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

C/O EVANS BROWN
627 CARVER DRIVE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 43-2042033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, EVANS
338 "M" STREET
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

BROWN, EVANS
338
LAKE WALES, FL 33853 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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROWN, VICTOR LEON	
Address:	1846 OAKLAND PARK DR	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	BROWN, VERA ANN	
Address:	814 SOUTH EAST 5TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	T	( ) Delete
Name:	BROWN, EVA	
Address:	627 CARVER DRIVE	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	VP	( ) Delete
Name:	BROWN, CYNTHIA	
Address:	POST OFFICE BOX 472	
City-St-Zip:	DREXEL HILL, PA 19026	
Title:	B	( ) Delete
Name:	BROWN, EVANS,	
Address:	338 M STREET	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	NUGENT, VELZINA L	
Address:	243 GRAND RESERVE DR.	
City-St-Zip:	DAVENPORT, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	NUGENT, VELZINA L	
Address:	243 GRAND RESERVE DR.	
City-St-Zip:	DAVENPORT, FL 33837	

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: PASTOR EVANS BROWN B 03/19/2009
Electronic Signature of Signing Officer or Director — Date