

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002084

1. Entity Name
FAITH HOUSE OF GOD, INC.



Principal Place of Business
**8606 N. SUWANEE AVENUE
TAMPA, FL 33604 US**

Mailing Address
**3402 E. MOHAWK AVE.
TAMPA, FL 33610**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1044937

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARLINE, CHARLESETTA
3402 E. MOHAWK AVE.
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARLINE, CHARLESETTA
STREET ADDRESS 3402 E. MOHAWK AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE SD
NAME SAMPSON, RUTHIA
STREET ADDRESS 4001 NASSAU
CITY-ST-ZIP TAMPA, FL 33607

TITLE TD
NAME ARLINE, ARTHUR L
STREET ADDRESS 3402 E. MOHAWK AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE VD
NAME PICKNEY, CYNTHIA
STREET ADDRESS 911 GARDEN BELT CIR
CITY-ST-ZIP BRANDON, FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000537182
05/09/06-80007-015 70.00

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IN THIS SPACE**

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:

Charlotta St. Arline Charlesetta W. Arline 4/25/06 813-231-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #