## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002084

Entity Name: FAITH HOUSE OF GOD, INC.

FILED Apr 30, 2009 Secretary of State

8606 N. SUWANEE AVENUE 3402 E. MOHAWK AVE TAMPA, FL 33604 US TAMPA, FL 33610 US

Current Mailing Address: New Mailing Address:

3402 E. MOHAWK AVE. 3402 E. MOHAWK AVE TAMPA, FL 33610 US TAMPA, FL 33610 US

FEI Number: 65-1044937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ARLINE, CHARLESETTA ARLINE, CHARLESETTA W PASTOR 3402 E. MOHAWK AVE.
TAMPA, FL 33610 US TAMPA, FL 33610 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: CHARLESETTA W. ARLINE 04/30/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: ARLINE. CHARLESETTA Name:

 Address:
 3402 E. MOHAWK AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SAMPSON, RUTHIA
 Name:

 Address:
 4001 NASSAU
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 ARLINE, ARTHUR L
 Name:

 Address:
 3402 E. MOHAWK AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$ 

 Name:
 PICKNEY, CYNTHIA
 Name:
 PICKNEY, CYNTHIA

 Address:
 911 GARDEN BELT CIR
 Address:
 911 GREEN BELT CIR

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 BRANDON, FL 33510

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: CHARLESETTA W. ARLINE PD 04/30/2009