2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N00000003592

Entity Name: TRUEWAY BIBLICAL HOUSE OF GOD, INC.

Current Principal Place of Business:

417 N. MASSACHUSETTS AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

417 N. MASSACHUSETTS AVE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3749843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, BERNICE W
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

Title: VSTD ( ) Delete
Name: MALLOY, PHYLLIS W
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: MALLOY, BENNY G JR
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: GOODLEY, WILLIE
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: GOODLEY, EVON
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

Title: SEC ( ) Delete
Name: BROWN, NAKIA
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHYLLIS MALLOY VSTD 04/19/2006

Electronic Signature of Signing Officer or Director — Date