

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 050 ****75.00

DOCUMENT # N02000001981
 1. Entity Name
HOUSE OF GOD BY FAITH PENTACOSTAL CHURCH INC



Principal Place of Business Mailing Address
 1941 SUNSET PLACE 1941 SUNSET PLACE
 FT MYERS FL 33901 FT MYERS FL 33901

50047301



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
03-0423014 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANTOINE, ERNST
1941 SUNSET PLACE
FT MYERS FL 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANTOINE, ERNST 2205 SOUTH STREET FT MYERS FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Baudilio Bena vente <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1706 NE CAPE CORAL GARCIA FL 33909 Pastor |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANTOINE, MARIE J 2205 SOUTH STREET FT MYERS FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Baudilio Bena vente <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1706 NE CAPE CORAL JUNIOR FL 33909 Pastor |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT SIMON, JOREL 2030 GROVE AVE FORT MYERS FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Miguel Angel Vergara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1943 Sunset Place Ft Myers 33901 Even Gelo's B |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIERRE, ISAAC 2033 MARAVILLA CIRCLE FT MYERS FL 33901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pastor Viand Dasulme <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2040 Jackson Street Fort Myers FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHATELIER, CRISTONE 2811 CENTRAL AVE. FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Pat Hall <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1520 Maravilla Circle Fort Myers FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VEDRINE, CHRISTINE 2033 MARAVILLA CIRCLE FORT MYERS FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Young Pastor Christal Remy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1706 NE 17 Terr CAPE CORAL FL 33909 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ernst Antoine Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR