2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005920

Entity Name: HOUSE OF RESTORATION CHURCH OF GOD, INC.

FILED May 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6215 E HILLSBOROUGH AVENUE 1603 E HILLSBOROUGH AVENUE TAMPA, FL 33610 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** PO BOX 310591 TAMPA, FL 336800591 FEI Number: 59-3696712 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: LOVETT, FOSTER CPA 400 E MLK BLVD #108 TAMPA, FL 33603 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GREEN, ARTHUR L JR Name: Name: 3814 E. CAYUGA Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HARRIS, STANLEY Name: HARRIS, STANLEY Address: 14401 DELORES CT. APT. #A-1 Address: 2901 N. DALE MABRY APT. 401 City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: () Change () Addition GREEN, ARTHUR L SR Name: Name: 2802 SAYBROOK Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DANIELS, LESTER H Name: Address: 3702 E PARIS Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip: Title: ACCC () Delete Title: ACCC (X) Change () Addition WILLIAMS, FREDERICKA Name: Name: HARVEY, JUANITA S 3518 E 26TH AVENUE 6119 MEMORIAL HWY #14 Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition DANIELS, THELMA W Name: Name: Address: 3702 E. PARIS Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THELMA W. DANIELS CC 05/06/2004