2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000005920

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

Current Principal Place of Business:

1603 E HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 310591
TAMPA, FL 336800591

New Mailing Address:

FEI Number: 59-3696712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 E MLK BLVD #108
TAMPA, FL 33603 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: P ( ) Delete
Name: GREEN, ARTHUR L JR
Address: 13019 TERRACE SPRING DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: M ( ) Delete
Name: HARRIS, STANLEY
Address: 10326 VENITIA REAL AVE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: GREEN, ARTHUR L SR
Address: 2802 SAYBROOK
City-St-Zip: TAMPA, FL 33610

Title: FIN ( ) Delete
Name: JOHNSON, SHANITA
Address: 9631 SIMEON DR
City-St-Zip: LAND O LAKES, FL 34638

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: FIN (X) Change ( ) Addition
Name: JONES, SHANITA
Address: 9631 SIMEON DR
City-St-Zip: LAND O LAKES, FL 34638

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: SHANITA JONES FIN 04/30/2009

Electronic Signature of Signing Officer or Director — Date