


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90089 019 ****61.25

DOCUMENT # N02000006794
 1. Entity Name
GOD HOUSE OF DIVINE POWER INC.



Principal Place of Business Mailing Address
5017 HOLLYCREST DR JACKSONVILLE FL 32254 **5017 HOLLYCREST DR JACKSONVILLE FL 32254**

2. Principal Place of Business 3. Mailing Address
God House of Divine Power *5017 Hollycrest Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville Florida *Jacksonville Florida*
 Zip Zip Country Country
32254 *32254* *Florida* *Florida*



MOORE CR2E037 (11/03)

4. FEI Number Applied For
45-0486517 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COMER, KATHERINE
5017 HOLLYCREST DR
JACKSONVILLE FL 32254

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JANETTE P	NAME	
STREET ADDRESS	2326 MCQUADE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	CITY-ST-ZIP	
TITLE	DT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, WILBERT	NAME	
STREET ADDRESS	2326 MCQUADE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIKES, MARVETTE	NAME	
STREET ADDRESS	1441 MANTORL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, VICKIE	NAME	
STREET ADDRESS	7500 POWER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Katherine Comer* *1.20.04* *904.696.9093*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #