

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006794

FILED
Mar 02, 2006
Secretary of State

Entity Name: GOD HOUSE OF DIVINE POWER INC.

Current Principal Place of Business:

4002 LEE ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4002 LEE ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 45-0486517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMER, KATHERINE
5017 HOLLYCREST DR
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

COMER, KATHERINE PASTOR
4002 LEE STREET
JACKSONVILLE, FL 32209 US

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: VICKIE MCBRIDE

03/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, JANETTE P
Address: 2326 MCQUADE
City-St-Zip: JACKSONVILLE, FL 32203

Title: DT () Delete
Name: FREEMAN, WILBERT
Address: 2326 MCQUADE
City-St-Zip: JACKSONVILLE, FL 32203

Title: T () Delete
Name: SPIKES, MARVETTE
Address: 1441 MANTORL
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: MCBRIDE, VICKIE
Address: 7500 POWER AVENUE
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: COMER, KATHERINE
Address: 5224 BEAND RD
City-St-Zip: JACKSONVILLE, FL 32254

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: P (X) Change () Addition
Name: COMER, KATHERINE
Address: 5224 BLAND RD
City-St-Zip: JACKSONVILLE, FL 32254

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: VICKIE MCBRIDE

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03/02/2006

Electronic Signature of Signing Officer or Director

Date