

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 22, 2007  
Secretary of State**

DOCUMENT# N02000006794

Entity Name: GOD HOUSE OF DIVINE POWER INC.

**Current Principal Place of Business:**4002 LEE ST  
JACKSONVILLE, FL 32209**New Principal Place of Business:**4002 LEE ST  
N/A  
JACKSONVILLE, FL 32209**Current Mailing Address:**4002 LEE ST  
JACKSONVILLE, FL 32209**New Mailing Address:**4002 LEE ST  
N/A  
JACKSONVILLE, FL 32209

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 PASTOR  
4002 LEE STREET  
JACKSONVILLE, FL 32209 US**Name and Address of New Registered Agent:**COMER, KATHERINE PASTOR  
4002 LEE STREET  
N/A  
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:

05/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: FREEMAN, JANETTE P  
Address: 2326 MCQUADE  
City-St-Zip: JACKSONVILLE, FL 32203Title: DT ( ) Delete  
Name: HARRISON, TRUBAN III  
Address: 1861 ATLANTIC DRIVE  
City-St-Zip: RUSKIN, FL 33570Title: T ( ) Delete  
Name: SPIKES, MARVETTE  
Address: 2081 CHAFFEE ROAD LOT #36  
City-St-Zip: JACKSONVILLE, FL 32221Title: T ( ) Delete  
Name: MCBRIDE, VICKIE  
Address: 7500 POWER AVENUE  
City-St-Zip: JACKSONVILLE, FL 32257Title: P ( ) Delete  
Name: COMER, KATHERINE  
Address: 5224 BLAND RD  
City-St-Zip: JACKSONVILLE, FL 32254Title: DT ( ) Delete  
Name: COMER, OTIS L JR.  
Address: 3403 MARLO STREET  
City-St-Zip: JACKSONVILLE, FL 32209**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: E (X) Change ( ) Addition  
Name: FREEMAN, JANETTE P  
Address: 2326 MCQUADE STREET  
City-St-Zip: JACKSONVILLE, FL 32203Title: ( ) 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 J PASTOR  
Address: 5224 BLAND RD  
City-St-Zip: JACKSONVILLE, FL 32254Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICKIE MCBRIDE

T

05/22/2007

Electronic Signature of Signing Officer or Director

Date