

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006794

FILED  
May 02, 2008  
Secretary of State

Entity Name: GOD HOUSE OF DIVINE POWER INC.

**Current Principal Place of Business:**

4002 LEE ST  
N/A  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

4002 LEE ST  
N/A  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 45-0486517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COMER, KATHERINE PASTOR  
4002 LEE STREET  
N/A  
JACKSONVILLE, FL 32209 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: E ( ) Delete  
Name: FREEMAN, JANETTE P  
Address: 2326 MCQUADE STREET  
City-St-Zip: JACKSONVILLE, FL 32203

Title: DT ( ) Delete  
Name: HARRISON, TRUBAN III  
Address: 1861 ATLANTIC DRIVE  
City-St-Zip: RUSKIN, FL 33570

Title: T ( ) Delete  
Name: SPIKES, MARVETTE  
Address: 2081 CHAFFEE ROAD LOT #36  
City-St-Zip: JACKSONVILLE, FL 32221

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

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

Title: DT ( ) Delete  
Name: COMER, OTIS L JR.  
Address: 3403 MARLO STREET  
City-St-Zip: JACKSONVILLE, FL 32209

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) 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

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date