

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