

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC -4 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8y 12.5.07



REINSTATEMENT

DOCUMENT # N03000008125					
1. Entity Name GODS HOUSE MINISTRY, INC.					
Principal Place of Business 511 WEST CRAWFORD ST LAKELAND, FL 33805			Mailing Address 1021 LIGHT ST LAKELAND, FL 33805		
2. Principal Place of Business - No P.O. Box # 511 W. Crawford St.			3. Mailing Address 511 W. Crawford St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lakeland, FL			City & State Lakeland, FL		
Zip 33805	Country America	Zip 33805	Country America	4. FEI Number 16-1694086	
6. Name and Address of Current Registered Agent PETERSON, PEGGY A 1626 W. LANE LAKELAND, FL 33805				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 <u>Peggy A. Peterson (Lundy)</u> DATE <u>11-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, RAYMOND 1603 WASHINGTON ST. LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800112804458 12/04/07--01011--003 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WOODS, JASPER 508 W. CRAWFORD ST. LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DIETRA 3434 MILLER DR. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JIMYKA 653 W. 13TH ST. LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, PEGGY A 1626 W. LANE LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, CAROL A 3017 MAIN AVE. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Peggy A. Peterson Lundy</u> DATE <u>11-28-07</u> DAYTIME PHONE # <u>863-529-4800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					