2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N04000001091

Entity Name: GOD'S HOUSE MINISTIES OF ORLANDO, INC.

Current Principal Place of Business:

7018 FORREST CITY RD
ORLANDO, FL 32810

New Principal Place of Business:

7018 FORREST CITY RD
ORLANDO, FL 32801

Current Mailing Address:

7018 FORREST CITY RD
ORLANDO, FL 32810

New Mailing Address:

7018 FORREST CITY RD
ORLANDO, FL 32801

FEI Number: 04-3782345 **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:

WEEKS, VALERIA
550 BIRCH CT.
ALTAMONTE SPRINGS, FL 32714 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: VALERIA WEEKS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: GST ( ) Delete
Name: LOWERY, BEATRICE
Address: 707 WESTDALE AVE
City-St-Zip: ORLANDO, FL 32805

Title: PCEO ( ) Delete
Name: WEEKS, VALERIA
Address: 550 BIRCH CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: WEEKS, VALERIA
Address: 550 BIRCH CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TT ( ) Delete
Name: HAMILTON, JAMES SR
Address: 902 HAVERFORD DR
City-St-Zip: OCOEE, FL 347619193

Title: T ( ) Delete
Name: WEEKS, KAISHA
Address: 550 BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: VALERIA WEEKS PCEO 03/26/2008
Electronic Signature of Signing Officer or Director — Date