2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001091

FILED Nov 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

7018 FORREST CITY RD ORLANDO, FL 32801

Current Mailing Address: 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: Name and Address of New Registered Agent:

WEEKS, VALERIA WEEKS-MCMILLON, VALERIA

550 BIRCH CT. 550 BIRCH CT.

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 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: VALERIA WEEKS MCMILLON 11/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: GST () Delete Title: T (X) Change () Addition

Name: LOWERY, BEATRICE Name: LEROY, MCMILLON Address: 707 WESTDALE AVE Address: 550 BIRCH COURT

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PCEO () Delete Title: PCEO (X) Change () Addition Name: WEEKS, VALERIA Name: WEEKS-MCMILLON, VALERIA

Name: WEEKS, VALERIA Name: WEEKS-MCMILLON, VALERIA
Address: 550 BIRCH CT. Address: 550 BIRCH CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete Title: T (X) Change () Addition

 Name:
 WEEKS, VALERIA
 Name:
 WEEKS-MCMILLON, VALERIA

 Address:
 550 BIRCH CT.
 Address:
 550 BIRCH CT.

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TT () Delete Title: () Change () Addition

 Name:
 HAMILTON, JAMES SR
 Name:

 Address:
 902 HAVERFORD DR
 Address:

 City-St-Zip:
 OCOEE, FL 347619193
 City-St-Zip:

 Name:
 WEEKS, KAISHA
 Name:
 WEEKS, KAISHA

 Address:
 550 BIRCH CT
 Address:
 550 BIRCH CT

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete Title: () Change () Addition

 Name:
 HILL, DIONDRA
 Name:

 Address:
 13409 THOMASVILLE CIR APT. C
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 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 MCMILLON PCEO 11/12/2009

Electronic Signature of Signing Officer or Director

Date