

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001091

FILED
May 14, 2012
Secretary of State

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

Current Principal Place of Business:

7018 FORREST CITY RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

7018 FORREST CITY RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 04-3782345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS-MCMILLON, VALERIA
550 BIRCH COURT
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: WEEKS-MCMILLON, VALERIA
Address: 550 BIRCH COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: MCMILLON, LEROY
Address: 550 BIRCH CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: LOMAX, WINIFRED
Address: 751 WEST KENNEDY APT. K103
City-St-Zip: ORLANDO, FL 32810

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

Title: GST
Name: WEEKS, KAISHA
Address: 550 BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: GALLON, CAREY
Address: 144 OAK GROVE RD
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: VALERIA WEEKS-MCMILLON

PCEO

05/14/2012

Electronic Signature of Signing Officer or Director

Date