2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State 02-21-2005 90080 019 ****61 25 DOCUMENT # N04000004894 GOD'S HOUSE THE BIBLE WAY, INC. 40014182 Principal Place of Business Mailing Address -3514 SW 23RD STREET 3514 SW 23RD STREET -LEHIGH ACRES, FL -33971 LEHIGH ACRES, FL 33971-3. Mailing Address 2. Principal Place of Business 1518 James Ave. 1518 James Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 CR2E037 (10/03) Chg-NP City & State Applied For City & State 4. FEI Number 20-1205181 Lehigh Acres, FL Lehigh Acres, FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33972 33972 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEAL. RICHARD** Street Address (P.O. Box Number is Not Acceptable) 1518 James Ave. 3514 SW 23RD STREET James Ave. LEHIGH ACRES, FL 33971-City Lehigh Acres, 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 (NOTE: Recistered Agen) signature required when reinstating) DATE - --Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE Change : ☐ Addition TITLE NAME ... NEAL RICHARD NAME 1518 James Ave. 3514 SW 23RD STREET STREET ADDRESS STREET ADDRESS Lehigh Acres, FL CITY ST-ZIP 33972 LEHIGH ACRES, FL 33971-CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NEAL, STEPHANIE NOEL NAME NAME 1518 James Ave. **3514 SW 23RD STREET-**STREET ADDRESS STREET ADDRESS CITY ST-ZIP LEHIGH ACRES, FL 33974 CITY-ST-ZIP Lehigh Acres, FL TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Defete TITLE NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY - ST - ZIP Addition ☐ Delete IIILE . ☐ Chance TITLE NAME _ +. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP title. . ☐ Change Addition ☐ Defete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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.

FILED Feb 21, 2005 8:00 am

Daytme Phone #

Date