

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000004894

1. Entity Name
GOD'S HOUSE THE BIBLE WAY, INC.



Principal Place of Business
1518 JAMES AVE
LEHIGH ACRES, FL 33971

Mailing Address
1518 JAMES AVE
LEHIGH ACRES, FL 33971

**FILED
May 01, 2006 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1205181	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEAL, RICHARD
1518 JAMES AVE
LEHIGH ACRES, FL 33971

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEAL, RICHARD
STREET ADDRESS 1518 JAMES AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE STD
NAME NEAL, STEPHANIE NOEL
STREET ADDRESS 1518 JAMES AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000558357
05/17/06-80090-022 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-06 (239) 368-6870
Date Daytime Phone #