## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N0400004894

1. Entity Name

GOD'S HOUSE THE BIBLE WAY, INC.



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

1518 JAMES AVE LEHIGH ACRES, FL 33971 Mailing Address

1518 JAMES AVE LEHIGH ACRES, FL 33971



04242007 No Chg-NP

CR2E037 (4/06)

4.	FEI Number 20-1205181	ŀ		Applied For Not Applicable
	Cartificate of Status Danved	 \$8.7	_	Additional

5, Certificate of St

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NEAL, RICHARD 1518 JAMES AVE LEHIGH ACRES, FL 33971

## DO NOT WRITE 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.										
\$IGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered	d Agent eignature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees	H00000760919					
10. OFFICERS AND DIRECTORS					05/25/07-80034-012 61.25					
HITLE NAME STREET ADDRESS CHY-ST-ZIP	PD NEAL, RICHARD 1518 JAMES AVE LEHIGH ACRES, FL 33971									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEAL, STEPHANIE NOEL 1518 JAMES AVE LEHIGH ACRES, FL 33971									
TITLE NAME STREET ADDITIESS CITY-ST-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CHY-ST-ZIP										
12. Thereby 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										

12. Thereby certify that the information supplied with this filling does not quality 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 orath, 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: Michael The

104-30-07

Daylime Phone #