

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 08:00 AM
Secretary of State
PD 700
04-30-08

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



04232008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-1205181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1000000952011
06/04/08-80063-007 70.00

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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

Date

Signature Printed

COPY *Richard Neal* 04-30-08 (239) 368-6870