

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03-29-2005 90115 001 \*\*\*\*\*61.25  
03-29-2005 90115 002 \*\*\*\*\*8.75

DOCUMENT # **N05000002789**

1. Entity Name **Great Honor House, Inc**



05 APR 15 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address <b>P.O. Box 2573</b>		4. FEI Number <b>75-3160252</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Sanford</b>			
City & State		City & State <b>Florida</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
		<b>32772</b>	<b>U.S.A</b>		

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Rev. Samuel Duncan**  
Street Address (P.O. Box Number is Not Acceptable)  
**1705 Buison Ave**  
City **Sanford** FL Zip Code **32771**

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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Executive Director Samuel Duncan 1705 Buison Ave Sanford FL.</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary / Treasurer Arita M. Sallas 400 W. Airport Blvd, Sanford 32773</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Dwayne Orlando Burke 1103 Lake Jennie Dr. Sanford FL. 32772</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Samuel Duncan, Rev. Duncan**

03/23/05 404-474-0598

CR2E037B (12/02)