

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N05000002759</b><br>1. Entity Name<br><b>GREAT HONOR HOUSE, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>P.O. BOX 2573<br/>SANFORD, FL 32772-2573</b>   |  |   | Mailing Address<br><b>P.O. BOX 2573<br/>SANFORD, FL 32772-2573</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.  |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | Zip  |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>75-3160252</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DONALDSON, NENA<br/>10756 IRONSTONE DRIVE<br/>JACKSONVILLE, FL 32246</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ED<br/>DUNCAN, SAMUEL<br/>1705 BRISSON AVE<br/>SANFORD, FL 32771</b>      | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>SALLAS, ANITA M<br/>400 W. AIRPORT BLVD<br/>SANFORD, FL 32773</b>  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>DUNCAN, PHILLANDO<br/>1103 LAKE JENNIE DR<br/>SANFORD, FL 32771</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE: Rev. Samuel Duncan</b>   |  |   |  |  |  |
| <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |  |  |
| <b>03/15/08 407-474-0598</b>   |  |   |  |  |  |
| <small>Date Daytime Phone #</small>  |  |   |  |  |  |