2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/21/2008-90045-002-$70.00-$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 PM 3:00

DOCUMENT # N06000002343

1. Entity Name

GOD'S HOUSE OF FAITH EVANGELISTIC ASSOCIATION PENTECOSTAL POSTOLIC FAITH FOR ALL PEOPLE,

Principal Place of Business	Mailing Address
4002 IDLEWILD AVE. TAMPA FL 33610	PO BOX 11451 TAMPA FL 33680

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

1st MOORE CR2E037 (10/07)

4. FEI Number: AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARMS, SONDRA
6602 N 31ST STREET
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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	
P	JACKSON, CLEOPHUS	4002 IDLEWILD AVE.	TAMPA FL 33610	☐ Delete
T	WRIGHT, HAYWOOD	6602 N. 31ST ST.	TAMPA FL 33-610\	☐ Delete
S	LIVINGSTON, GUSSIE	3410 SAND DUNE LN	TAMPA FL 33605	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cleophus Jackson Cleophus Jackson 4/7/2008 813-628-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/28