2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N07000010556

Entity Name: GODS HOUSE INTERNATIONAL INC

Current Principal Place of Business:

6240 DODD ROAD
GREENACRES, FL 33463

New Principal Place of Business:

7884 ST ANDREWS
LAKE WORTH, FL 33467 US

Current Mailing Address:

P O BOX 540808
GREENACRES, FL 33454

New Mailing Address:

FEI Number: 26-1324587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, ROY
6240 DODD ROAD
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

ROBINSON, ROY
7884 ST ANDREWS
LAKE WORTH, FL 33467 US

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.

SIGNATURE: ROY ROBINSON 05/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: ROBINSON, ROY
Address: P O BOX 540808
City-St-Zip: GREENACRES, FL 33454

Title: DIR (X) Delete
Name: TORRES, JANETT B
Address: 1303 SANDPIPER LN
City-St-Zip: LANTANA, FL 33462

Title: DIR (X) Delete
Name: JEAN, TIMOTHY
Address: 6582 SPRING MIDDLE DR
City-St-Zip: GREENACRES, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: ROBINSON, ROY
Address: P O BOX 540808
City-St-Zip: GREENACRES, FL 33454

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY ROBINSON D,P 05/04/2009
Electronic Signature of Signing Officer or Director Date