

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HOUSE OF GOD HOLY CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH THE HOUSE OF PRAYER FOR ALL PEOPLE, INC.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

930 18TH STREET SOUTH
ST. PETERSBURG, FL 33712

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PASCHAL, LA VERN M
930 18TH STREET SOUTH
ST. PETERSBURG, FL 33712 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:

Electronic Signature of Registered Agent

Date _____

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PASCHAL, JAMES W. BISHOP
Address: 930 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DV () Delete
Name: MORRIS, LONNIE C. SR.
Address: 930 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DA () Delete
Name: PASCHAL, LAVERN M.
Address: 930 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DS () Delete
Name: SLEDGE, RITA C.
Address: 930 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: SHUFORD, THOMAS A.
Address: 930 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LAVERN M. PASCHAL

DA

04/30/2009

Electronic Signature of Signing Officer or Director

Date _____