

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 049 \*\*\*\*61.25

<b>DOCUMENT # N37720</b> <b>1. Entity Name</b> THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE			
<b>Principal Place of Business</b> THE HOUSE OF GOD WHICH IS THE CHURCH 520 E LAURA ST PLANT CITY FL 33563		<b>Mailing Address</b> 520 EAST LAURA ST PLANT CITY FL 33566 US	
<b>2. Principal Place of Business</b> <i>THE HOUSE OF GOD which is the Church of the Living God</i> Suite, Apt. #, Etc.		<b>3. Mailing Address</b> <i>520 East Laura Street</i> Suite, Apt. #, Etc.	
<b>City &amp; State</b> <i>Plant City, Florida</i>		<b>City &amp; State</b> City	
<b>Zip</b> <i>33563-5035 Hillsborough</i>		<b>Zip</b> Zip	
<b>Country</b> Country		<b>Country</b> Country	
<b>4. FEI Number</b> 59-3031708		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JENKINS, NATHANIEL 901 EAST MARTIN LUTHER KING JR PLANT CITY FL 33566		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	CDT JENKINS, NATHANIEL <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JENKINS, NATHANIEL	NAME	
STREET ADDRESS	901 EAST MARTIN LUTHER KING JR BLVD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REAVES, DURRIE	NAME	
STREET ADDRESS	1506 GOTHAM COURT	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHAW, MARGARET D.	NAME	
STREET ADDRESS	1107 W. WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>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.</b>			
<b>SIGNATURE: Durrie Reaves</b>		<b>2-8-2006/8137544736</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	