

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N37720

1. Entity Name

THE HOUSE OF GOD WHICH IS THE CHURCH OF THE
LIVING GOD THE PILLAR AND GROUND OF THE TRUTH,
INC.



Principal Place of Business

THE HOUSE OF GOD WHICH IS THE CHURCH
520 E LAURA ST
PLANT CITY, FL 33563

Mailing Address

520 EAST LAURA ST
PLANT CITY, FL 33566 US



03252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3031708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, NATHANIEL
901 EAST MARTIN LUTHER KING JR
PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDT
NAME JENKINS, NATHANIEL
STREET ADDRESS 901 EAST MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE VCD
NAME REAVES, DURRIE
STREET ADDRESS 1506 GOTHAM COURT
CITY-ST-ZIP PLANT CITY, FL

TITLE SD
NAME SHAW, MARGARET D.
STREET ADDRESS 1107 W. WASHINGTON ST.
CITY-ST-ZIP PLANT CITY, FL

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04/05/07-80023-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Durrie Reaves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 2007

Date

Daytime Phone #

813.754-4730