

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

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90139 038 ****61.25

DOCUMENT # N38867
 1. Entity Name
HOUSE OF THE LIVING GOD, INC.



Principal Place of Business Mailing Address
5637 PEMBROKE RD **P O BOX 693281**
P O BOX 693281 **MIAMI FL 33269**
HOLLYWOOD FL 33023 **US**
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **5637 Pembroke Rd**
Hollywood FL

City & State
Hollywood FL

Zip Country Zip Country
33023

1st MOORE CR2E037 (10/07)
 4. FEI Number **65-0211001**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WATSON, PAMELLA B
20401 NW 2ND AVENUE
SUITE 300
MIAMI FL 33169

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 _____ (NOTE: Registered Agent signature required when registering) 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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, MELBOURNE N.	
STREET ADDRESS	93 NW 183 TERR	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATTERSON, ZEPHLIN	
STREET ADDRESS	1024 LAND CIEW COURT	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, THELMA L.	
STREET ADDRESS	93 NW 183 TERR	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Thelma Jackson **THELMA JACKSON 4-1-08 7864360588**