

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41445

FILED
Apr 21, 2009
Secretary of State

Entity Name: WHITEHOUSE FULL GOSPEL CHURCH, INC.

Current Principal Place of Business:

417 MAPLE AVE.
55 HALSEMA ROAD NORTH
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

417 MAPLE AVE.
JACKSONVILLE, FL 32220 US

Current Mailing Address:

%JOE HOUSTON
55 HALSEMA RD. N
JACKSONVILLE, FL 3220-601 US

New Mailing Address:

% CYNTHIA H. DECKER
55 HALSEMA RD. N
JACKSONVILLE, FL 32220 US

FEI Number: 59-3173854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, JOE
55 HALSEMA RD. N.
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

DECKER, CYNTHIA H
55 HALSEMA RD. N.
JACKSONVILLE, FL 32220 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: CYNTHIA H. DECKER

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOUSTON, JOSEPH JR
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HOUSTON, BILL J
Address: 417 MAPLE AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: VSTD () Delete
Name: DECKER, CYNTHIA H
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HOUSTON, JOHN N
Address: 417 MAPLE AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HOUSTON, TIMOTHY A
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete
Name: HOUSTON, SAMUEL L
Address: 417 MAPLE AVENUE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOUSTON, SAMUEL L.
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL 32220 US

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

Title: VSTD (X) Change () Addition
Name: DECKER, CYNTHIA H
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: D (X) Change () Addition
Name: HOUSTON, JOHN N
Address: 417 MAPLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: D (X) Change () Addition
Name: HOUSTON, TIMOTHY A
Address: 417 MAPLE AVE
City-St-Zip: JACKSONVILLE, FL 32220 US

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: CYNTHIA H. DECKER

VSTD

04/21/2009

Electronic Signature of Signing Officer or Director

Date