

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001372

FILED
Mar 04, 2009
Secretary of State

Entity Name: FAITH PENTECOSTAL HOUSE OF GOD, INC.

Current Principal Place of Business:

956 W. HAL MCRAE BLVD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

956 W. HAL MCRAE BLVD
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 65-0652480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THOMAS J SR.
1407 SELPH AVENUE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: BROWN, THOMAS J SR.
Address: 1407 SELPH AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WEATHERS, CLYDE
Address: 1811 SANDTRAP COURT
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: HAMILTON, JUDY
Address: 201 PURCELL STREET
City-St-Zip: AVON PARK, FL 33825

Title: TD () Delete
Name: WILSON, ERIC O
Address: 4609 SAND WEDGE WAY
City-St-Zip: SEBRING, FL 33872

Title: VD () Delete
Name: BROWN, BEAUTA
Address: 1407 SELPH AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: HAMILTON, JAMES
Address: 201 PURCELL STREET
City-St-Zip: AVON PARK, FL 33825

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:

Title: D (X) Change () Addition
Name: WILSON, ALENCIA
Address: 4609 SANDWEDGE WAY
City-St-Zip: SEBRING, FL 33825

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: ERIC O WILSON

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date