## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004478

Entity Name: GOD'S HOUSE OF BLESSING, INC.

FILED Feb 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

3127 THOMAS ST 1971 W. 2ND. STREET

JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32209 US

Current Mailing Address: New Mailing Address:

3127 THOMAS ST 1971 W. 2ND. STREET

JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32209 US

FEI Number: 30-0236936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARMON, GENA
3127 THOMAS STREET

HARMON, GENA
1971 W. 2ND. STREET

JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32209 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: 02/03/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 HARMON, GENA
 Name:
 HARMON, GENA

 Address:
 3127 THOMAS ST
 Address:
 1971 W. 2ND STREET

 City-St-Zip:
 JACKSONVILLE, FL 32254
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: DV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HAMILTON, REGENA
 Name:

 Address:
 7147 OLD KINGS RD. S.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 HAMILTON, ROBERT
 Name:

 Address:
 7147 OLD KINGS RD. S.
 Address:

 City-St-Zip:
 JAX, FL 32217
 City-St-Zip:

Title: ( ) Delete Title: SEC. ( ) Change (X) Addition

 Name:
 Name:
 HAMILTON, RICHARD

 Address:
 Address:
 7147 OLD KINGS RD. S.

 City-St-Zip:
 City-St-Zip:
 JAX, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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: GENA HARMON PD 02/03/2006