2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002062

FILED Mar 11, 2008 Secretary of State

Entity Name: PENTECOSTAL HOUSE OF JESUS IN GOD, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	N TAMARIND A' ALM BEACH, FL				
Current Mailing Address:			New Mailing Ac	New Mailing Address:	
	N TAMARIND A' ALM BEACH, FL				
FEI Numbe	er: 65-0828532	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
WEST PA	HAMA COURT ALM BEACH, FL				
	e named entity s te of Florida.	ubmits this statement for the pu	irpose of changing its reg	istered office or registered agent, or both,	
SIGNATL	JRE:				
	Electroni	ic Signature of Registered Ager	nt	Date	
OFFICER	RS AND DIRECT	ORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	ROUSE, LEROY 5881 BAHAMA C	ст	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	41/D ()	Delete			
Address:	ROUSE, RONA 5881 BAHAMA (Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address:	ROUSE, RONA 5881 BAHAMA (WEST PALM BE 2VP () HEUVEL, BLISS P.O. BOX 821	CT EACH, FL 33407 Delete VANDEN	Name: Address:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ROUSE, RONA 5881 BAHAMA (WEST PALM BE 2VP () HEUVEL, BLISS P.O. BOX 821 PALM BEACH, F ST () DAVIS, TASHIA 1929 WINDSON	CT FACH, FL 33407 Delete VANDEN FL 33480 Delete C	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	ROUSE, RONA 5881 BAHAMA C WEST PALM BE 2VP () HEUVEL, BLISS P.O. BOX 821 PALM BEACH, F ST () DAVIS, TASHIA 1929 WINDSON WEST PALM BE T () STEPHENS, MA 720 BAKER AVE	CT EACH, FL 33407 Delete VANDEN FL 33480 Delete C AVENUE EACH, FL 33407 Delete Y ROSE ENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

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: LEROY ROUSE PD 03/11/2008