

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001091

**Entity Name:** GOD'S HOUSE MINISTRIES OF ORLANDO, INC.**Current Principal Place of Business:**7018 FOREST CITY RD  
ORLANDO, FL 32810**Current Mailing Address:**7018 FOREST CITY RD  
ORLANDO, FL 32810 US**FEI Number:** 04-3782345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEEKS-MCMILLON, VALERIA  
2416 RIDGESIDE RD  
APOPKA, FL 32712 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PASTOR, CEO
Name	WEEKS-MCMILLON, VALERIA
Address	2416 RIDGESIDE RD.
City-State-Zip:	APOPKA FL 32712

Title	TRUSTEE, VC
Name	MCMILLON, LEROY
Address	2416 RIDGESIDE RD
City-State-Zip:	APOPKA FL 32712

Title	TRUSTEE
Name	LOMAX, WINIFRED
Address	751 WEST KENNEDY APT. K103
City-State-Zip:	ORLANDO FL 32810

Title	TRUSTEE, VP
Name	HAMILTON, JAMES SR
Address	902 HAVERFORD DR
City-State-Zip:	OCOE FL 34761-9193

Title	TRUSTEE, SECRETARY, CEO
Name	WEEKS, KAISHA
Address	550 BIRCH CT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREASURER, CFO
Name	GALLON, CAREY
Address	144 OAK GROVE RD
City-State-Zip:	WINTER PARK FL 32789

Title	ADMINISTRATOR ASSISTANT, ASST. SECRETARY
Name	FRANKLIN, NYEISHA
Address	5548 METROWEST BLVD. APT. 106
City-State-Zip:	ORLANDO FL 32811

Title	CO-TRUSTEE
Name	WEEKS, JEMILE
Address	931 ALMOND TREE CIRCLE
City-State-Zip:	ORLANDO FL 32835

*I hereby 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 all other like empowered.*

**SIGNATURE:** WEEKS-MCMILLON, VALERIA**PASTOR/CEO****09/07/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date