

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** Yes**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:** VALERIA WEEKS-MCMILLON

03/06/2020

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

Title TRUSTEE
Name DALLAS, WARD
Address 5175 LEXCOT LN
City-State-Zip: ORLANDO FL 32811

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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: PASTOR VALERIA WEEKS- MCMILLON

PASTOR, PCEO

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	CARRINGTON, LONNIE
Address	5656 GARDEN GROVE CIR
City-State-Zip:	WINTER PARK FL 32792