2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90024 018 ****61.25

DOCUMENT # N04000003774

1. Entity Name
MY FATHER'S HOUSE, AN ECA CHURCH, INC.

Principal Place of Business	Mailing Address
8785 ERIE LANE PARRISH, FL 34219	8785 ERIE LANE PARRISH, FL 34219

500006182

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7215 US Hwy 301 N	PO Box 1042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLENTON, FL	City & State: ELLENTON, FL
Zip: 34222 Country: USA	Zip: 34222 Country: USA

4. FEI Number: 47-0940034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARY, BONNIE 5509 79TH AVE. E. PALMETTO, FL 34221	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARY, BONNIE 5509 79TH AVE. E. PALMETTO, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARY, TERRY 5509 79TH AVE. E. PALMETTO, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARY, TERRY REV.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARBER, ROBERT E REV. 8785 ERIE LANE PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARBER, ANNE E REV. 8785 ERIE LANE PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Terry B. Cary 01-19-05 941-723-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #