N04000003774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MY FATHER'S HOUSE, AN ECA CHURCH, INC.
(Name of corporation)

DOCUMENT NUMBER: N04000003774

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REV. ANNE E. BARBER, PASTOR
(Name of contact person)

C/O MY FATHER'S HOUSE
(Firm/Company)

8785 ERIE LANE
(Address)

PARRISH, FL 34219
(City/state and zip code)

For further information concerning this matter, please call:

REV ANNE E BARBER at (941) 776-9016
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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