

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003774

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



Principal Place of Business
**8785 ERIE LANE
PARRISH FL 34219**

Mailing Address
**8785 ERIE LANE
PARRISH FL 34219**



2. Principal Place of Business
Suits, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)

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
**BARBER, ANNE E REV
8785 ERIE LANE
PARRISH FL 34219**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLTON, JUDITH 9208 34TH AVE., E. PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRYSLER, DONALD 2 TANITIAN DR. ELLENTON FL 34222	☐ Delete
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	O BARBER, ANNE E REV. 8785 ERIE LANE PARRISH FL 34219	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, VICTORY 71 BASIN DRIVE ELLENTON FL 34222	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KING, KERMIT 71 BASIN DRIVE ELLENTON FL 34222	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
000000427856 02/21/06-80024-007 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Anne E Barber* **ANNE E BARBER** Director 3-01-06 941776901