

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714514** (7)
1. Corporation Name
HOUSE TO HOUSE MINISTRY, INC.



Principal Place of Business 9616 MCNORTON DR. ALTAMONTE SPRINGS FL 32714	Mailing Address 7916 RICHWOOD DR. ORLANDO FL 32825
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3. Date Incorporated or Qualified 04/26/1968
4. FEI Number 59-1286571
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 412 MCNORTON DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 PO BOX 161204 Suite, Apt. #, etc. 27
City & State 23 ALTAMONTE SPRINGS FL	City & State 28 ALTAMONTE SPRINGS FL
Zip 24 32714	Country 25 SEMINOLE
Zip 29 32716-1204	Country 30 SEMINOLE

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent LAUGHLIN, TERENCE 9616 MCNORTON DR. ALTAMONTE SPRINGS FL 32714	
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10. Name and Address of New Registered Agent	
81 Name BRIAN J. YORK	
82 Street Address (P.O. Box Number is Not Acceptable) 6381 CASCADE DR.	
83	
84 City KEYSTONE HTS.	85 Zip Code FL 32656

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **7/14/98**

12. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> DELETE
NAME LAUGHLIN, TERENCE	
STREET ADDRESS 9616 MCNORTON DR.	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME LAUGHLIN, RUTHANN	
STREET ADDRESS 2336 HIGH STREET	
CITY-ST-ZIP WINTER PARK FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME EAGLE, SANDY	
STREET ADDRESS 7916 RICHWOOD DR.	
CITY-ST-ZIP ORLANDO FL 32825	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME MARX, MARCELINA P	
STREET ADDRESS 9414-5TH AVE	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE VPO	<input checked="" type="checkbox"/> DELETE
NAME SI L. HENDERSON SR.	
STREET ADDRESS 2417 SANDY LANE	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME WILLARD & SALLYE HOLMES	
STREET ADDRESS 2417 SANDY LANE	
CITY-ST-ZIP ORLANDO FL 32818	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LAUGHLIN, TERENCE	
1.3 STREET ADDRESS 9616 MCNORTON DR	
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME EAGLE, SANDY	
3.3 STREET ADDRESS 7916 RICHWOOD DR	
3.4 CITY-ST-ZIP ORLANDO, FL 32825	
4.1 TITLE DCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BRIAN J. YORK	
4.3 STREET ADDRESS 6381 CASCADE DR	
4.4 CITY-ST-ZIP KEYSTONE HTS, FL 32656	
5.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME JANET L. YORK	
5.3 STREET ADDRESS 6381 CASCADE DR.	
5.4 CITY-ST-ZIP KEYSTONE HTS, FL 32656	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **7/17/98**

CR2E037 (10/97)