

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000004065**

1. Entity Name  
**OBADIAH HOUSE, INC.**



Principal Place of Business  
**119 WEST SECOND STREET  
OWENSBORO, KY 42303**

Mailing Address  
**119 WEST SECOND STREET  
OWENSBORO, KY 42303**



01052006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1310981**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILSON, JOYCE  
OBADIAH HOUSE  
35429 MARGUERITE AVE.  
FRUITLAND PARK, FL 34731-5229**

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

1100000479243  
04/08/06-80039-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, M. ALVA 10111 HIGHWAY 144 PHILPOT, KY 42366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANHAM, DONNA M 6190 HIGHWAY 144 OWENSBORO, KY 42303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JOYCE M 10111 HIGHWAY 144 PHILPOT, KY 42366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENDLEY, DOUG 2815 TIMBERLINE DR. OWENSBORO, KY 42303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/06**  
Date

**270-691-1122**  
Daytime Phone #