

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90026 032 ****70.00

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1310981

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

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

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 filed applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
WILSON, M. ALVA
STREET ADDRESS 10111 HIGHWAY 144
CITY-ST-ZIP PHILPOT KY 42366

TITLE NAME ☐ Delete
LANHAM, DONNA M
STREET ADDRESS 6190 HIGHWAY 144
CITY-ST-ZIP OWENSBORO KY 42303

TITLE NAME ☐ Delete
WILSON, JOYCE M
STREET ADDRESS 10111 HIGHWAY 144
CITY-ST-ZIP PHILPOT KY 42366

TITLE NAME ☒ Delete
PENDLEY, DOUG
STREET ADDRESS 2815 TIMBERLINE DR.
CITY-ST-ZIP OWENSBORO KY 42303

TITLE NAME ☐ Delete
SMITH, ROY
STREET ADDRESS P.O. BOX 635
CITY-ST-ZIP LEITCHFIELD KY 42755

TITLE NAME ☐ Delete
FISHER, LATRICIA
STREET ADDRESS 8234 HWY 81 S
CITY-ST-ZIP ISLAND KY 42350

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
V/T/D
Donna Lanham
STREET ADDRESS 6190 Hwy 144
CITY-ST-ZIP Owensboro, KY 42303

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
BM
Karen Smith
STREET ADDRESS P.O. Box 635
CITY-ST-ZIP Leitchfield, KY 42755

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Joyce Wilson* *Joyce Wilson*

3/4/08 270-691-1122