

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004065

Entity Name: OBADIAH HOUSE, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

119 WEST SECOND STREET
OWENSBORO, KY 42303

New Principal Place of Business:

Current Mailing Address:

119 WEST SECOND STREET
OWENSBORO, KY 42303

New Mailing Address:

FEI Number: 61-1310981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JOYCE
OBADIAH HOUSE
35429 MARGUERITE AVE.
FRUITLAND PARK, FL 347315229 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, M. ALVA
Address: 10111 HIGHWAY 144
City-St-Zip: PHILPOT, KY 42366

Title: VTD () Delete
Name: LANHAM, DONNA M
Address: 6190 HIGHWAY 144
City-St-Zip: OWENSBORO, KY 42303

Title: S () Delete
Name: WILSON, JOYCE M
Address: 10111 HIGHWAY 144
City-St-Zip: PHILPOT, KY 42366

Title: BM () Delete
Name: SMITH, KAREN
Address: P.O. BOX 635
City-St-Zip: LEITCHFIELD, KY 42755

Title: BM () Delete
Name: SMITH, ROY
Address: P.O. BOX 635
City-St-Zip: LEITCHFIELD, KY 42755

Title: BM () Delete
Name: FISHER, LATRICIA
Address: 8234 HWY 81 S
City-St-Zip: ISLAND, KY 42350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE WILSON

SECT

04/02/2009

Electronic Signature of Signing Officer or Director

Date