2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005205

City-St-Zip: CALDWELL, TX 77836 US

Entity Name: FULL HOUSE MINISTRIES, INC.

FILED Jan 11, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 4486 CLEARWATER, FL 337584486			2140 RANGE ROAD SUITE A CLEARWATER, FL 3		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 4 CLEARWA	486 ATER, FL 33758	34486			
FEI Number: 74-2356336		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
The above in the State	ILL, FL 34608 named entity sue of Florida.	US ubmits this statement for the	purpose of changing its registere	d office or registered agent, or bot	
SIGNATUI		Signature of Registered Ag	ont	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:		Delete EL G RD.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BERNARD, KATH 2069 PLATEAU R		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () E KUBICKI, BRENE 1808 HWY. 21 W CALDWELL, TX	/EST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E WOZNIAK, VINCE 2005 GREENBIE CLEARWATER, F	R BLVD. H5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () E KUBICKI, DON 1808 HWY 21 W	Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: KATHRYN BERNARD VDC 01/11/2007