

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006617

FILED
Apr 29, 2006
Secretary of State

Entity Name: OUR FATHER'S HOUSE MINISTRIES, INC.

Current Principal Place of Business:

4601 JUDY CT
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 560245
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 65-3675064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINDOLL, FLORALEE
4601 JUDY CT
ORLANDO, FL 32839 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: PCEO () Delete
Name: HAGEN, LONNIE D
Address: PO BOX 560245
City-St-Zip: ORLANDO, FL 32856

Title: DST () Delete
Name: HAGEN, NICOLE M
Address: PO BOX 560245
City-St-Zip: ORLANDO, FL 32856

Title: VPCF () Delete
Name: SHINDOLL, FLORALEE
Address: 4601 JUDY CT
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: DIESCHBOURG, GARY
Address: 522 SOUTH HUNT CLUB BLVD #308
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: VILLALBA, JOSE
Address: 115 LINDENWOOD LANE
City-St-Zip: KISSIMMEE, FL 34743

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
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 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: LONNIE HAGEN

PCEO

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date