2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# N01000007602

Entity Name: HOUSE OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

1405 VALENCIA CT WEST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1405 VALENCIA CT WEST
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3754434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DONALDSON, ANTHONY L
1405 VALENCIA CT WEST
SANFORD, FL 32771 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: D ( ) Delete
Name: DONALDSON, ANTHONY L
Address: 1405 VALENCIA CT WEST
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: DONALDSON, TAWANDA M
Address: 1405 VALENCIA CT WEST
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: SEYMORE, JENNETTE
Address: 949 HUGO CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete
Name: ST. HILAIRE, STERLENE
Address: 104 MONARCH CIR., #8
City-St-Zip: FERN PARK, FL 32730

Title: AT ( ) Delete
Name: SOUTHWARD, LIONEL
Address: 607 HICKORY AVE.
City-St-Zip: SANFORD, FL 32771

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 Section 119.07(3)(i), 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: ANTHONY L DONALDSON D 07/27/2005

Electronic Signature of Signing Officer or Director — Date