

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007602

FILED
Apr 28, 2008
Secretary of State

Entity Name: HOUSE OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

428 SAN LANTA CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

2589 SANFORD AVE
SANFORD, FL 32771

Current Mailing Address:

428 SAN LANTA CIRCLE
SANFORD, FL 32771

New Mailing Address:

2589 SANFORD AVE
SANFORD, FL 32771

FEI Number: 59-3754434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, ANTHONY L
428 SAN LANTA CIRCLE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

DONALDSON, CALVIN M SR
108 SCOTT DRIVE
SANFORD, FL 32771 US

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: CALVIN M. DONALDSON SR.

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONALDSON, ANTHONY L
Address: 428 SAN LANTA CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: AD () Delete
Name: DONALDSON, TAWANDA M
Address: 428 SAN LANTA CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: AT () Delete
Name: SEYMORE, JENNETTE
Address: 936 LAKE DESTINY ROAD UNIT E
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AT () Delete
Name: PERKINS, FRED
Address: 1823 KNOX AVENUE
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DONALDSON, CALVIN M SR
Address: 108 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

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

Title: AT (X) Change () Addition
Name: SOUTHWARD, VERONIA
Address: 607 HICKORY AVE.
City-St-Zip: SANFORD, FL 32771

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: CALVIN M DONALDSON SR.

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date