2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000548

RESPASS, DESHON

ORLANDO, FL 32833

20249 MAXIM PARKWAY

Name:

Address:

City-St-Zip:

Entity Name: HOUSE OF CHANGE MINISTRIES INC.

FILED May 01, 2004 Secretary of State

Littly Nai	ile. HOUSE	OF CHANGE MINISTRIES, INC	,.		
Current Principal Place of Business:			New Principal Place of Business:		
	XIM PARKWA), FL 32833	Y			
Current Mailing Address:			New Mailing Address:		
	XIM PARKWA), FL 32833	Y			
FEI Number	: 03-0422943	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JOHNSON 2508 ALBI ORLANDO		US			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (JONES, OLIVE 20745 MAXIM ORLANDO, FL	PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (GROSS-JONE 20745 MAXIM ORLANDO, FL	PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (JOHNSON, AD 20745 MAXIM ORLANDO, FL	PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GROSS JONES, ANN VD 05/01/2004