


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 016 ****70.00


DOCUMENT # N02000001422	
1. Entity Name - THE HOUSE OF FAITH BUILT ON THE WORD OF GOD, INC.	

Principal Place of Business 608 MILLS ST. GREEN COVE SPRINGS, FL 32043	Mailing Address 724 CYPRESS ST. GREEN COVE SPRINGS, FL 32043
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2. Principal Place of Business 608 Mills street Suite, Apt. #, etc.	3. Mailing Address 724 Cypress St. Suite, Apt. #, etc.
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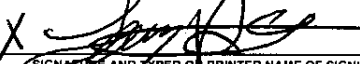
City & State Green Cove Spgs, FL. Zip 32043 Country CLAY	City & State Green Cove Springs, FL. Zip 32043 Country CLAY
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6. Name and Address of Current Registered Agent COLSON, LARRY D 724 CYPRESS ST. GREEN COVE SPRINGS, FL 32043	7. Name and Address of New Registered Agent Name Larry D. Colson Street Address (P.O. Box Number is Not Acceptable) 724 Cypress Street City Green Cove Springs FL Zip Code 32043
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/1/04
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME COLSON, LARRY D STREET ADDRESS 608 MILLS ST. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRANCIOS, JEAN STREET ADDRESS 608 MILLS ST. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HOWARD, JOHNNIE STREET ADDRESS 608 MILLS ST. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME COLSON, SHELIA D STREET ADDRESS 608 MILLS ST. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRANCIOS, MARY A STREET ADDRESS 608 MILLS ST. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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