

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002367

FILED
Mar 12, 2005
Secretary of State

Entity Name: INSPIRATION HOUSE MINISTRIES, INC.

Current Principal Place of Business:

6405 MAINSAIL CT.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

6405 MAINSAIL CT.
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 43-1955418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JOAN K
6405 MAINSAIL CT
ORLANDOFL, FL 32807 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: JONES, JOAN K
Address: 6405 MAINSAIL CT
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: OAKLEY, NANETTE
Address: 1204 CARDINAL CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: GUY, WALTER
Address: 29104 BEAUCLAIR DR.
City-St-Zip: TAVARES, FL 32778

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:

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: JOAN K JONES

D

03/12/2005

Electronic Signature of Signing Officer or Director

Date