

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002431

FILED
Apr 25, 2005
Secretary of State

Entity Name: HOUSE OF COMMON FAITH MINISTRIES INC.

Current Principal Place of Business:

4610 STATE ROAD 574
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4610 STATE ROAD 574
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 74-3035590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELIUS, DONNA
4610 STATE ROAD 574
PLANT CITY, FL 33563 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: DIR () Delete
Name: SCOTT, DEVONY MRS
Address: 8708 S. TURKEY CREEK RD.
City-St-Zip: PLANT CITY, FL 33567 US

Title: DIR () Delete
Name: CALDWELL, SUSAN MS
Address: 2104 GOLFVIEW DR.
City-St-Zip: PLANT CITY, FL 33567 US

Title: DIR () Delete
Name: DAVENPORT, CATHY MRS
Address: 2504. SOUTHERN OAKS PLACE
City-St-Zip: PLANT CITY, FL 33566 US

Title: PRES () Delete
Name: CORNELIUS, DONNA M MS
Address: 4610 STATE ROAD 574
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP () Delete
Name: HEARD, RACHEL C MS
Address: 1702 LOWRY ST WEST
City-St-Zip: PLANT CITY, FL 33567 US

Title: TRES () Delete
Name: HEARD, MARCELLA L MS
Address: 4610 STATE ROAD 574
City-St-Zip: PLANT CITY, FL 33563 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: LAWSON, SUSAN MS
Address: 2804 NEVADA RD
City-St-Zip: LAKELAND, FL 33803 US

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: TRES (X) Change () Addition
Name: HEARD, MARCELLA L MS
Address: 1702 LOWRY ST WEST
City-St-Zip: PLANT CITY, FL 33567 US

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: DONNA CORNELIUS

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date