
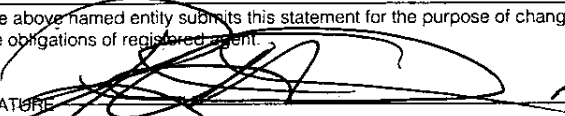
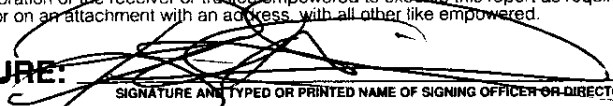


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90022 034 \*\*\*\*70.00

<b>DOCUMENT # N02000003124</b> 1. Entity Name <b>MY FATHER'S HOUSE - A HOUSE OF PRAYER, INC.</b>					
Principal Place of Business <b>10960 ORANGE RIVER BOULEVARD FORT MYERS FL 33905</b>				Mailing Address <b>PO BOX 50368 FORT MYERS FL 33994</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0429906</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAILEY, CARL F 10960 ORANGE RIVER BOULEVARD FORT MYERS FL 33905</b>			Name <b>Cecil, Richard A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10960 Orange River Boulevard</b> City <b>FL</b> Zip Code <b>33905</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAILEY, CARL F</b>		NAME	<b>Cecil, Richard A.</b>	
STREET ADDRESS	<b>4480 STALEY ROAD</b>		STREET ADDRESS	<b>4480 Staley Rd.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>		CITY-ST-ZIP	<b>FL. 33905</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRGURICH, TODD</b>		NAME	<b>GRGURICH Todd A.</b>	
STREET ADDRESS	<b>2625 QUEEN DRIVE</b>		STREET ADDRESS	<b>3850 Highlight St.</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>		CITY-ST-ZIP	<b>FL. 33905</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAILEY, LAVENIA</b>		NAME	<b>Carbone, Anthony F.</b>	
STREET ADDRESS	<b>4480 STALEY ROAD</b>		STREET ADDRESS	<b>36810 Whispering Pine Rd.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>		CITY-ST-ZIP	<b>N. Ft. Myers, FL. 33917</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>Barter, Roger</b>	
STREET ADDRESS			STREET ADDRESS	<b>1401 Cushman Cir.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>St. Myers, FL. 33901</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Richard Cecil</b> <span style="float: right;">1/28/04 (239) 693-2614</span> <small>Date Daytime Phone #</small>		