


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004628 1. Entity Name THE HOUSE OF RIZPAH, INC.	
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Principal Place of Business 12550 BEACONTREE WAY ORLANDO, FL 32837	Mailing Address 12550 BEACONTREE WAY ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



09062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-1992060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEATTY, MARJORIE
12550 BEACONTREE WAY
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATTY, MARJORIE 12550 BEACONTREE WAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEATTY, CRYSTAL 12550 BEACONTREE WAY ORLANDO, FL 32837
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09/09/05-80001-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marjorie Beatty 9-6-05 407-816-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #