

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003087

Entity Name: THE HOUSE OF WORSHIP, INC.

FILED  
Jan 28, 2004  
Secretary of State

## Current Principal Place of Business:

141 COUNTRY CLUB RD  
SHALIMAR, FL 32579

## New Principal Place of Business:

## Current Mailing Address:

141 COUNTRY CLUB RD  
SHALIMAR, FL 32579

## New Mailing Address:

FEI Number: 47-0915575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILES, MARK T  
141 COUNTRY CLUB RD  
SHALIMAR, FL 32579

## 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: GILES, MARK T  
Address: 141 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: GILES, NANCY  
Address: 141 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: WARNER, JERALD R  
Address: 787 BLVD OF THE CHAMPIONS  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: WARNER, CHERYL  
Address: 787 BLVD OF THE CHAMPIONS  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: BYRNE, RICHARD F  
Address: 307 RILEY RD  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: TERRIS, ALTA  
Address: 856 MANDE CT  
City-St-Zip: SHALIMAR, FL 32579

## 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:

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: CHERYL WARNER

D

01/28/2004

Electronic Signature of Signing Officer or Director

Date