

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008837

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** HOMES FOR CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

18631 SW 97 PL  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18631 SW 97 PL  
MIAMI, FL 33157

**New Mailing Address:**

1008 W KENOSHA ST  
APT # 19  
BROKEN ARROW, OK 74012

FEI Number: 20-0697006      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KALICHARAN, SEAN  
18631 SW 97 PL  
MIAMI, FL 33157      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: DP      ( ) Delete  
Name: KALICHARAN, SEAN  
Address: 18631 SW 97 PL  
City-St-Zip: MIAMI, FL 33157

Title: DVT      ( ) Delete  
Name: KALICHARAN, NATACHA  
Address: 18631 SW 97 PL  
City-St-Zip: MIAMI, FL 33157

Title: DV      ( ) Delete  
Name: KALICHARAN, ROY  
Address: 7629 NW 88 WAY  
City-St-Zip: TAMARAC, FL 33321

**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: NATACHA KALICHARAN

DVT

05/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date