2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2005
Secretary of State

DOCUMENT# N03000009445

Entity Name: HOUSE OF JESUS MINISTRIES, INC.

Current Principal Place of Business:

501 3RD ST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

501 3RD ST
SANFORD, FL 32771

New Mailing Address:

PO BOX 1033
SANFORD, FL 32772

FEI Number: 27-0070153 **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:

SALDANA, MIGUEL A JR
501 3RD ST
SANFORD, FL 32771 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: P ( ) Delete
Name: SALDANA, MIGUEL A JR
Address: 501 3RD ST
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: SALDANA, EULALIA S
Address: 501 3RD ST
City-St-Zip: SANFORD, FL 32771

Title: ST (X) Delete
Name: RIVERA, MELISSA M
Address: 501 3RD ST
City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete
Name: SALDANA, CARMEN R
Address: 503 3RD ST
City-St-Zip: SANFORD, FL 32771

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:

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: MIGUEL A. SALDANA JR. P 08/27/2005

Electronic Signature of Signing Officer or Director — Date