

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000482

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: MY FATHER'S HOUSE CHURCH, INC.

**Current Principal Place of Business:**

195 DAY DR  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 780997  
SEBASTIAN, FL 32957

**New Mailing Address:**

FEI Number: 74-3105607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GELDENHUYS, JACOBUS  
195 DAY DR  
SEBASTIAN, FL 32958 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: GELDENHUYS, JACOBUS  
Address: 195 DAY DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP ( ) Delete  
Name: GELDENHUYS, MARYNA  
Address: 195 DAY DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: S ( ) Delete  
Name: THORPE, JOSEPH  
Address: 195 DAY DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete  
Name: THORPE, GRACE  
Address: 195 DAY DR  
City-St-Zip: SEBASTIAN, FL 32958

**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: JACOBUS GELDENHUYS

MR.

04/08/2005

Electronic Signature of Signing Officer or Director

Date