

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000003774 1. Entity Name: MY FATHER'S HOUSE, AN ECA CHURCH, INC.					
Principal Place of Business 8785 ERIE LANE PARRISH, FL 34219			Mailing Address 8785 ERIE LANE PARRISH, FL 34219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 47-0940034	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARBER, ANNE E REV 8785 ERIE LANE PARRISH, FL 34219				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARY, BONNIE 5509 79TH AVE. E. PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARY, TERRY REV 5509 79TH AVE. E. PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBER, ROBERT E REV. 8785 ERIE LANE PARRISH, FL 34219 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBER, ANNE E REV. 8785 ERIE LANE PARRISH, FL 34219 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, VICTORY 71 BASIN DRIVE ELLENTON, FL 34222 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KING, KERMIT 71 BASIN DRIVE ELLENTON, FL 34222 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> add				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLTON, JUDITH 9208 34th AVE E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRYSLER, DONALD 2 TANITIAN DR ELLENTON, FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KILMER, RONELL 3903 SUNSET DRIVE ELLENTON, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBERTS, NELSON L 4308 BAMBOO TERRACE BRODENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBERTS, DEBBIE 4308 BAMBOO TERRACE BRODENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FISHER, DEANA 3304 ANASTASIA PLACE ELLENTON, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: ANNE E BARBER, ANNE E BARBER, Pastor					
Date: 6-10-05 Daytime Phone #: 941 7769016					

JUN 16 PM 4:41
 SEC. OF STATE
 TALLAHASSEE, FLORIDA



06092005 Chg-NP CR2E037 (10/03)

900056439049
 06/22/05 01023 022 ***61.25
 DATE