

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003774

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

8785 ERIE LANE
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

8785 ERIE LANE
PARRISH, FL 34219

New Mailing Address:

FEI Number: 47-0940034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, ANNE E REV
8785 ERIE LANE
PARRISH, FL 34219 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: T () Delete
Name: CARLTON, JUDITH
Address: 9208 34TH AVE.,E.
City-St-Zip: PALMETTO, FL 34221

Title: TR () Delete
Name: HAYES, OZELL
Address: 8526 30TH ST E
City-St-Zip: PARRISH, FL 34219

Title: P () Delete
Name: BARBER, ROBERT E REV.
Address: 8785 ERIE LANE
City-St-Zip: PARRISH, FL 34219

Title: O () Delete
Name: BARBER, ANNE E REV.
Address: 8785 ERIE LANE
City-St-Zip: PARRISH, FL 34219

Title: S () Delete
Name: KING, VICTORY
Address: 71 BASIN DRIVE
City-St-Zip: ELLENTON, FL 34222

Title: TR () Delete
Name: KING, KERMIT
Address: 71 BASIN DRIVE
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: BOORSMA, HAROLD
Address: 376 TEAKWOOD DR
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: SIMEON, FRINOT
Address: 6107 61ST ST E.
City-St-Zip: PALMETTO, FL 34221

Title: S (X) Change () Addition
Name: KING, VICTORY
Address: 3374 MORCHESTER LANE
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change () Addition
Name: KING, KERMIT
Address: 3374 MORCHESTER LANE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REV. ROBERT E. BARBER

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date