

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009139

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HOUSE OF THE RECONCILED, INC.

**Current Principal Place of Business:**

602 HICKORY NUT TRAIL  
SATSUMA, FL 32189

**New Principal Place of Business:**

**Current Mailing Address:**

602 HICKORY NUT TRAIL  
SATSUMA, FL 32189

**New Mailing Address:**

FEI Number: 13-4345888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, VIVIAN  
602 HICKORY NUT TRAIL  
SATSUMA, FL 32189 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: D ( ) Delete  
Name: MOORE, CURTIS  
Address: 602 HICKORY NUT TRAIL  
City-St-Zip: SATSUMA, FL 32189

Title: D ( ) Delete  
Name: MOORE, VIVIAN  
Address: 602 HICKORY NUT TRAIL  
City-St-Zip: SATSUMA, FL 32189

Title: D ( ) Delete  
Name: LEWIS, RON  
Address: 1040 OLD HIGHWAY 17  
City-St-Zip: CRESCENT CITY, FL 32112

Title: D ( ) Delete  
Name: PARKER, LOUISE  
Address: 314 COOT RD  
City-St-Zip: SATSUMA, FL 32189

**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 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: VIVIAN MOORE

D

04/30/2008

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

\_\_\_\_\_  
Date