

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009139

FILED
May 04, 2009
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 ()
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:

Name and Address of New Registered Agent:

MOORE, VIVIAN
602 HICKORY NUT TRAIL
SATSUMA, FL 32189 US

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

05/04/2009

Electronic Signature of Signing Officer or Director

Date