2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N07000003168

Entity Name: HOUSE OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

101 BARWICK RD
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 753
BOYNTON BEACH, FL 33425 US

New Mailing Address:

FEI Number: 30-0414864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACQUES, EMILIENNE D P
603 SW 4TH AVENUE.
BOYNTON BEACH, FL 33426 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:	JACQUES, LOUIS-JACQUES	
Address:	7149 GLENWOOD DR	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	VP	( ) Delete
Name:	DIMANCHE, OSSONNIER	
Address:	1510 STONEHAVEN DR	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	P	( ) Delete
Name:	JACQUES, EMILIENNE D	
Address:	603 SW 4TH AVENUE	
City-St-Zip:	BOYNTON BEACH, FL 33426 US	
Title:	S	( ) Delete
Name:	DIMANCHE, MARILETTE	
Address:	1510 STONEHAVEN DR	
City-St-Zip:	BOYTON BEACH, FL 33436 US	
Title:	TR	( ) Delete
Name:	LOUIS, NAHAMA	
Address:	420 ASBURY WAY	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	T	( ) Delete
Name:	JOSEPH, WALME	
Address:	202 SE 8TH ST	
City-St-Zip:	DELRAY BEACH, FL 33483	

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:	
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: EMILIENNE D JACQUES P 03/30/2009

Electronic Signature of Signing Officer or Director — Date