

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007522

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** HOUSEHOLD OF FAITH APOSTOLIC OUTREACH CHURCH, INC.

**Current Principal Place of Business:**

2719 N 46TH ST  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

2719 N 46TH ST  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:** 26-3236751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, MICHAEL REV.  
2719 N 46TH ST  
TAMPA, FL 33605 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: PTD ( ) Delete  
Name: EVANS, MICHAEL REV.  
Address: 2719 N 46TH ST  
City-St-Zip: TAMPA, FL 33605

Title: VPSD ( ) Delete  
Name: EVANS, BRENDA  
Address: 2719 N 46TH ST  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: HUTCHINSON, JULIA  
Address: 3830 JACKSON CT  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: ROSS, MICHELLE  
Address: 4804 18TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: NELSON, LAKEISHA  
Address: 3827 JACKSON CT  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BOLDS, PAUL  
Address: 2719 N 46TH ST  
City-St-Zip: TAMPA, FL 33605

**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: MICHAEL. A .EVANS

REV

03/12/2009

Electronic Signature of Signing Officer or Director

Date