## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36810

FILED Jan 20, 2007 Secretary of State

Entity Na					
	me: HOUSEHOLD	O OF FAITH CHURCH, IN	C.		
Current F	Principal Place of E	Business:	New Principal Place	of Business:	
	EWOOD AVE W NVILLE, FL 32208	US			
Current N	Mailing Address:		New Mailing Address	<b>::</b>	
	EWOOD AVE W NVILLE, FL 32208	US			
FEI Number	r: 59-2998042 FE	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Curre	ent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	S LEWIS BISCAYNE DR N VILLE, FL 32218	US			
The above					
	e named entity subn te of Florida.	nits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
in the Stat	te of Florida.	nits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
	te of Florida.	nits this statement for the particular ignature of Registered Ag		d office or registered agent, or both,  Date	
in the Stat	te of Florida.	ignature of Registered Ag	ent		
in the Stat	te of Florida.    Electronic Si	ignature of Registered Ag <b>RS:</b> ete E DR N	ent	Date	
in the Stat SIGNATU  OFFICER Title: Name: Address:	te of Florida.    Electronic Si	ignature of Registered Agr RS: ete E DR N 32218 ete DETTE, R. E DR N	ent  ADDITIONS/CHANGE  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	
in the Stat SIGNATU  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida.  IRE:  Electronic Si  S AND DIRECTOR  DP () Dele  WILLIAMS, LEWIS, 1853 KEY BISCAYNI JACKSONVILLE, FL  DVS () Dele  WILLIAMS, BERNAD 1853 KEY BISCAYNI	ignature of Registered Ag  RS:  ete  E DR N 32218  ete  DETTE, R. E DR N	ent  ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  S TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: LEWIS WILLIAMS DP 01/20/2007