


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90046 001 ****61.25

DOCUMENT # N41721 1. Entity Name HOUSEHOLD OF FAITH, INC.					
Principal Place of Business 8625 S WRIGHT AVE BROKEN ARROW, OK 74014 US				Mailing Address 8625 S WRIGHT AVE BROKEN ARROW, OK 74014 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CIBULA, FRANK G., JR. 1551 FORUM PLACE SUITE 200D WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Patricia E. Sowell Street Address (P.O. Box Number is Not Acceptable) 579 Country Meadows Blvd. City Plant City FL Zip 33585	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Patricia E. Sowell <i>Patricia E. Sowell</i> 1-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, CHARLES 35 SAPPHIRE AVE CHRISTIANBURG, VA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, BRENDA 35 SAPPHIRE AV CHRISTIANSBURG, VA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DICKY 2890 FAIRVIEW CHURCH RD RINER, VA 24149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MCPHERSON, BERTON E 8625 S WRIGHT AVE BROKEN ARROW, OK 74014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV MCPHERSON, ZELLA T 8625 S WRIGHT AVE BROKEN ARROW, OK 74014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, ITA 2890 FAIRVIEW CHURCH RD RINER, VA 24149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1505 Providence Blvd. 24073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1505 Providence Blvd. 24073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Zella T. McPherson <i>Zella T. McPherson</i> 8-05 918-357-2765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					