

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90217 012 \*\*\*\*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  
55 Conston Ave.

3. Mailing Address  
55 Conston Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)



City & State  
Christiansburg, Va.

City & State  
Christiansburg, Va.

4. FEI Number  
65-0237421

Applied For  
Not Applicable

Zip  
24073

Country  
USA

Zip  
24073

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SOWELL, PATRICIA E  
579 COUNTRY MEADOWS BLVD  
PLANT CITY, FL 33565

Name

Street Address (P.O. Box Number is Not Acceptable)

1822 Sandhill Lane

City  
Winter Haven

FL

Zip Code  
33884

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
1505 PROVIDENCE BLVD  
CHRISTIANSBURG, VA 24073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LAWRENCE, BRENDA  
1505 PROVIDENCE BLVD  
CHRISTIANSBURG, VA 24073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BISHOP, DICKY  
2890 FAIRVIEW CHURCH RD  
RINER, VA 24149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
MCPHERSON, BERTON E  
8625 S WRIGHT AVE  
BROKEN ARROW, OK 74014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
55 Conston Av.  
Christiansburg, Va. 24073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STDV  
MCPHERSON, ZELLA T  
8625 S WRIGHT AVE  
BROKEN ARROW, OK 74014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
55 Conston Av.  
Christiansburg, Va. 24073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BISHOP, ITA  
2890 FAIRVIEW CHURCH RD  
RINER, VA 24149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Zella T. McPherson 4/6/06 540-239-6544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #