

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00**  
**Secretary of State**

**DOCUMENT # N41721**

1. Entity Name  
HOUSEHOLD OF FAITH, INC.



Principal Place of Business  
7481 RIVER BLUFF RD  
FAIRLAWN, VA 24141 US

Mailing Address  
7481 RIVER BLUFF RD  
FAIRLAWN, VA 24141 US



04182008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0237421

Applied For  
Not Applicable

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

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

SOWELL, PATRICIA E  
1822 SANDHILL LN  
WINTER HAVEN, FL 33884

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE PDT  
NAME MCPHERSON, BERTON E  
STREET ADDRESS 7481 RIVER BLUFF RD  
CITY-ST-ZIP FAIRLAWN, VA 24141

TITLE STDV  
NAME MCPHERSON, ZELLA T  
STREET ADDRESS 7481 RIVER BLUFF RD  
CITY-ST-ZIP FAIRLAWN, VA 24141

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000914493  
05/08/08-80059-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zella T. McPherson, VP ZELLA T. McPherson, VP 4/18/08 340-639-1222