

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-07-2005 90072 028 ****61.25

DOCUMENT # N42284 1. Entity Name H.O.W., INC.					
Principal Place of Business 1103 29TH AVE. WEST BRADENTON FL 34205 US			Mailing Address PO BOX 1262 BRADENTON FL 34206 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0258159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRYANT, BRENDA J 643 11TH AVE. E. BRADENTON FL 34208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW 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 D NAME BENTON, GERALD STREET ADDRESS 917 WINTERGARDEN DRIVE CITY-ST-ZIP SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Tiffany Flanagan STREET ADDRESS 4503 3rd St CR W #361 CITY-ST-ZIP Bradenton, FL 34120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BYRD, RUDY STREET ADDRESS 1309 14TH AVE. E. CITY-ST-ZIP BRADENTON FL 34208	<input checked="" type="checkbox"/> Delete		TITLE Pastor NAME Marko Valenti STREET ADDRESS 928 63rd Ave East CITY-ST-ZIP Bradenton, FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME COREY, HUFFMAN STREET ADDRESS 4813 N RYE RD. CITY-ST-ZIP PARRISH FL 34219	<input checked="" type="checkbox"/> Delete		TITLE Officer NAME Brenda Bryant STREET ADDRESS 643 11th Ave E CITY-ST-ZIP Bradenton, FL 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME AMANDA, BAKER STREET ADDRESS 2802 4TH AVE. W. CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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: Brenda Bryant			1-31-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					