2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# N47097

Entity Name: THE HOUSE OF THE LORD CHRISTIAN CENTER INC.

Current Principal Place of Business:

195 SW 6TH ST
POMPANO BCH., FL 33060 US

New Principal Place of Business:

Current Mailing Address:

315 NW 19TH CT.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0328738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCRAY, ARNOLD BISHOP
315 NW 19TH CT.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	MCRAY, ARNOLD BISHOP	
Address:	315 N.W. 19 CT.	
City-St-Zip:	POMPANO BCH., FL 33060	
Title:	STD	( ) Delete
Name:	MCRAY, GWENDOLYN	
Address:	315 N.W. 19TH CT.	
City-St-Zip:	POMPANO BCH., FL 33060	
Title:	VD	( ) Delete
Name:	MCDOUGLE, GASTON ELDER	
Address:	720 N.W. 16TH CT.	
City-St-Zip:	POMPANO BCH., FL 33060	
Title:	S	( ) Delete
Name:	HOPE, RITA	
Address:	8301 NW 36TH ST	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	JOHNSON, EDDIE MIN.	
Address:	8290 NW 68 AVE	
City-St-Zip:	TAMARAC, FL 33321	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ARNOLD MCRAY PC 06/30/2006

Electronic Signature of Signing Officer or Director — Date