

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED****Feb 23, 2009
Secretary of State****DOCUMENT# N96000002958****Entity Name: THE FATHER'S HOUSE CHRISTIAN CENTER, INC.****Current Principal Place of Business:**2301 SOUTH ST.
LEESBURG, FL 34748 US**New Principal Place of Business:****Current Mailing Address:**
2301 SOUTH STREET
LEESBURG, FL 34748 US**New Mailing Address:**

FEI Number: 59-3386928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:NARDELLA, ANTHONY M JR
315 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 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: PD () Delete
Name: MAHAN, TERRY
Address: 2301 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: VD () Delete
Name: MAHAN, ANITA
Address: 2301 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: STD () Delete
Name: HINN, SAM
Address: PO BOX 950596
City-St-Zip: LAKE MARY, FL 32795 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: MAHAN, TERRY
Address: 4309 SERENE CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34731 USTitle: VD (X) Change () Addition
Name: MAHAN, ANITA
Address: 4309 SERENE CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34731 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: WILSON, MARION A
Address: 119 W. 2ND STREET
City-St-Zip: OWENSBORO, KY 42301Title: D () Change (X) Addition
Name: COMPTON, BARRY
Address: 1688 TAYLOR RIDGE LOOP
City-St-Zip: KISSIMMEE, FL 34733Title: D () Change (X) Addition
Name: GOFF, KEVIN
Address: 19 N. CENTRAL AVENUE, SUITE 202
City-St-Zip: AVONDALE, AZ 85323

I hereby certify that the information supplied with this filing does not qualify 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: TERRY MAHAN

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02/23/2009

Electronic Signature of Signing Officer or Director

Date

FEB-23-2009 MON 10:49 AM

FAX NO.

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SUPPLEMENTAL LIST OF DIRECTORS

THE FATHER'S HOUSE CHRISTIAN CENTER, INC.
DOCUMENT NO.: N96000002958

Name and Address #7

Title: Director
Name: M'Lisa Goff
Address: 19 N. Central Avenue, Suite 202
Avondale, AZ 85323