FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 N96000004280 (1) DOCUMENT # MY HOUSE MINISTRIES INC. Principal Place of Business Mailing Address 58 LEXINGTON COURT 58 LEXINGTON COURT 3. Date Incorporated or Qualified PALM HARBOR FL 34684 PALM HARBOR FL 34684 08/15/1996 4. FEI Number Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes 🕍 No Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BILLY, BARBARA G Street Address (P.O. Box Number is Not Acceptable) **58 LEXINGTON COURT** 83 PALM HARBOR FL 34684 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE **BILLY, FRED C REV** NAME 1.2 NAME 58 LEXINGTON COURT STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BILLY, BARBARA G NAME 2.2 NAME **58 LEXINGTON COURT** STREET ADDRESS 2.3 STREET ADORESS PALM HARBOR FL 34684 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME Kavli. Alf o rev 3.2 NAME 10324 RAINBRIDGE DR STREET ADDRESS 3.3 STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CA2.60 912-704-9091

FILED

May 28 1998 8:00am

Secretary of State