

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004280

Entity Name: MY HOUSE MINISTRIES INC.

FILED  
Apr 17, 2005  
Secretary of State

## Current Principal Place of Business:

1625 BULEVAR MAYOR  
L5  
PENSACOLA BEACH, FL 32561

## New Principal Place of Business:

6447 MOONLIGHT LANE  
CRESTVIEW, FL 32539

## Current Mailing Address:

1625 BULEVAR MAYOR  
L5  
PENSACOLA BEACH, FL 32561

## New Mailing Address:

6447 MOONLIGHT LANE  
CRESTVIEW, FL 32539

FEI Number: 59-3443944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILLY, BARBARA G  
1625 BULEVAR MAYOR  
L5  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

BILLY, BARBARA G  
6447 MOONLIGHT LANE  
CRESTVIEW, FL 32539 US

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:

04/17/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BILLY, FRED C REV  
Address: 1625 BULEVAR MAYOR L5  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete  
Name: BILLY, BARBARA G  
Address: 1625 BULEVAR MAYOR L5  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete  
Name: MCMINN, BONNIE L  
Address: 1625 BULEVAR MAYOR L5  
City-St-Zip: PENSACOLA BEACH, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BILLY, FRED C REV  
Address: 6447 MOONLIGHT LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change ( ) Addition  
Name: BILLY, BARBARA G  
Address: 6447 MOONLIGHT LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change ( ) Addition  
Name: MCMINN, BONNIE L  
Address: 6447 MOONLIGHT LANE  
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED C. BILLY

REV

04/17/2005

Electronic Signature of Signing Officer or Director

Date