2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # N9600004280 1. Entity Name 04-28-2003 90961 026 ****61.25 MY HOUSE MINISTRIES INC. Principal Place of Business Mailing Address 11020925 58 LEXINGTON COURT 58 LEXINGTON COURT PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address 625 Bulevar Mayor 1625 Bule Var mayor CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3443944 Applied For en Sacola Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3<u>256</u> Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BILLY, BARBARA G Street Address (P.O. Box Number is Not Acceptable) **58 LEXINGTON COURT** PALM HARBOR FL 34684 Zip Code 725G ensacolo Beach 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Fred Billy , Fred C Rev Change TITLE ☐ Delete TITLE NAME BILLY, FRED C REV NAME 1625 Bulevar mayor 15 STREET ADDRESS 58 LEXINGTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pensacola Beach, P2 32561 PALM HARBOR FL 34684 ☐ Delete TITLE Barbara Billy, Barbara 6 BILLY, BARBARA G NAME NAME 1625 Bulevay Mayor L5 STREET ADDRESS STREET ADDRESS 58 LEXINGTON COURT CITY-ST-ZIP CITY-ST-ZIP Pensacula Beach , FL 32571 PALM HARBOR FL 34684 Addition ☐ Delete TITLE ☐ Change TITI F MCMINN, BONNIE L NAME NAME STREET ADDRESS 805 TOLEDO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TOLEDO OH 43609** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

SIGNATURE REQUIRED

Barfara & Buly