

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004746 (1)**

1. Corporation Name

ORDER IN THE HOUSE MINISTRIES FOUNDATION, INC.



Principal Place of Business PO BOX 20105 TALLAHASSEE FL 32316-0105	Mailing Address PO BOX 20105 TALLAHASSEE FL 32316-0105
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3. Date Incorporated or Qualified 09/12/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HOBBS, BARBARA ESQ.
1020 E. LAFAYETTE ST.
SUITE 205
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	Charles L. Cooper, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	2414 E. Plaza Dr.
83	P.O. Box 13651
84 City	Tallahassee
85 Zip Code	FL 32317

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  **Charles L. Cooper, Jr.** DATE **04/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lisa B. Lofton
STREET ADDRESS		1.3 STREET ADDRESS	1892 Mary Ellen
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	James Lofton Jr
STREET ADDRESS		2.3 STREET ADDRESS	1892 Mary Ellen Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Marilyn Bennett Smith
STREET ADDRESS		3.3 STREET ADDRESS	1707 Centerville Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Denise G. Patten
STREET ADDRESS		4.3 STREET ADDRESS	Willemette Rd. 2520
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Steve Neal
STREET ADDRESS		5.3 STREET ADDRESS	8529 Sea Harbor Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa FL 33637
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dr. Maxine Montgomery-Crawford
STREET ADDRESS		6.3 STREET ADDRESS	1978 Mary Ellen Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee FL 32303

14. I do 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.

SIGNATURE:  DATE **4/29/97** (904) 422-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0000000

CR2E037 (9/96)