


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006175</b>	
1. Entity Name <b>MY FATHER'S HOUSE MINISTRIES INC.</b>	

Principal Place of Business <b>6011 NW 201 LANE MIAMI, FL</b>	Mailing Address <b>6011 NW 201 LANE MIAMI, FL</b>
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0730699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HADLEY, PATRICK  
6011 NW 201 LANE  
MIAMI, FL**

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100001465730 03/22/06-80044-013 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, PATRICK 6011 NW 201 LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, CYNTHIA 6011 NW 201 LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROURKE, STEPHEN M. 5961 HAWKE BLUFF AVE. DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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.

**SIGNATURE:** Cynthia Hadley **3/8/06** **305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **626-0116**