

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002806**

1. Entity Name  
**"HOME ON THE RANGE" MINISTRIES INTERNATIONAL,  
INC.**



Principal Place of Business  
**6870 HAMMOCK LN  
WEST PALM BEACH, FL 33411**

Mailing Address  
**6870 HAMMOCK LN  
WEST PALM BEACH, FL 33411**



01202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0760556**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BUTLER, TERESA E PTR  
6870 HAMMOCK LN  
WEST PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR BUTLER, TERESA E PTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR BUTLER, BRANT A TTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, REV. THOMAS W TR 9429 AUTUMN APPLAUSE CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, GUISELLA TR 9429 AUTUMN APPLAUSE CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, SHARON S 4703 LUCERNE LAKES BLVD #203 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR HALE, MERLE VTR 235 SAGINAW PKWY # 75 CAMBRIDGE, ONTARIO, CA N1T 1X4

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

*Teresa E Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 20, 04 561-686-6600*

Date

Daytime Phone #