


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 015 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01102005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0760556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR BUTLER, TERESA E PTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR BUTLER, BRANT A TTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, REV. THOMAS W TR 9429 AUTUMN APPLAUSE CHARLOTTE, NC 28277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15620-Bellaire Ridge Dr. Apt. 1017 Charlotte, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, GUISELLA TR 9429 AUTUMN APPLAUSE CHARLOTTE, NC 28277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15620 Bellaire Ridge Dr. Apt. 1017 Charlotte, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, SHARON S 4703 LUCERNE LAKES BLVD #203 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR HALE, MERLE VTR 235 SAGINAW PKWY # 75 CAMBRIDGE, ONTARIO, CA N1T 1X4 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <u>Teresa E Butler (Teresa E. Butler)</u> 1/16/05 561-689-2060	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR