


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 018 ****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 211083 West Palm Beach, FL			
City & State		City & State			
Zip	Country	Zip 33411	Country USA	4. FEI Number 65-0760556	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUTLER, TERESA E PTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
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	TTR BUTLER, BRANT A TTR 6870 HAMMOCK LN WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, REV. THOMAS W TR 15620 BELLAIRE RIDGE DR, APT 1017 CHARLOTTE, NC 28277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECOTTE, GUISELLA TR 15620 BELLAIRE RIDGE DR, APT 1017 CHARLOTTE, NC 28277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, SHARON S 4703 LUCERNE LAKES BLVD #203 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete			
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	BUTLER, Brant A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition is also Secretary - TSTR				
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 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>Jerem E Butler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-17-06 501-689-2060 <small>Date Daytime Phone #</small>		