2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N97000002806 01-22-2007 90111 024 ****61.25 "HOME ON THE RANGE" MINISTRIES INTERNATIONAL, Principal Place of Business Mailing Address 400030--6870 HAMMOCK LN PO BOX 211083 WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 65-0760556 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUTLER, TERESA E PTR** 6870 HAMMOCK LN Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33411 Zip Code City FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PTR Delete ☐ Change Addition TITLE TITEF NAME **BUTLER, TERESA E PTR** NAME STREET ADDRESS 6870 HAMMOCK LN STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-7IP CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE BUTLER, BRANT A NAME STREET ADDRESS 5870 HAMMOCK LN STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition BECOTTE, REV. THOMAS WITR NAME NAME 15620 BELLAIRE RIDGE DR, APT 1017 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28277 CITY-ST-ZIP TITLE TR ☐ Delete TITLE Change ■ Addition BECOTTE, GUISELLA TR STREET ADDRESS 15620 BELLAIRE RIDGE DR, APT 1017 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28277 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALE, MERLE VTR NAME NAME 235 SAGINAW PKWY # 75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAMBRIDGE, ONTARIO., CA NIT IX4 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 attachrent with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

FILED

Jan 22, 2007 8:00 am