2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMEN7 # N99000001764 1. Entity Name * 05-03-2005 90110 045 ****61.25 HOUSEHOLD OF FAITH CHURCH OF OUR JESUS CHRIST, INC. Principal Place of Business Mailing Address 1804 W. BALL STREET 1804 W. BALL STREET PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3663642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, JASPER JR Street Address (P.O. Box Number is Not Acceptable) 1804 W. BALL STREET PLANT CITY FL 33567 City 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 Signature, typed or nunted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TIFLE ☐ Defete TITLE Addition WHITE, JASPER JR. NAME NAME 1804 W. BALL STREET STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 *335*63 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, ANTHONY C NAME NAME 1804 W. BALL STREET STREET ADDRESS STREET ADORESS PLANT CITY FL 33567 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, VICKIE M NAME NAME 1804 W. BALL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WHITE, MARY L 1004 E ALSOBROOK ST. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHIY-ST-ZIP

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SIGNATURE:

hment with an address, with all other like empowered.

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