2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2007 08:00 A Secretary of State DOCUMENT # N9900001764 1. Entity Name HOUSEHOLD OF FAITH CHURCH OF OUR JESUS CHRIST, INC. Mailing Address Principal Place of Business 1804 W. BALL STREET 1804 W. BALL STREET PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3663642 Not Applicable Zip Country Zip 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 printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 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, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ¹ ☐ Delete HHE ☐ Addition ☐ Change NAME WHITE, JASPER JR. NAME U00000757540 STREET ADDRESS 1804 W. BALL STREET STREET ADDRESS 05/23/07-80069-025 61.25 CITY - ST - 7(P PLANT CITY FL 33563 CITY-ST-ZIP THIC Delete Change Addition NAME WHITE, ANTHONY C NAME STREET ADDRESS 1804 W. BALL STREET STREET ADDRESS CITY-ST-ZIP CDY-ST-7/P PLANT CITY FL 33567 THLE Delete ĨĸŒ Change Addition NAME WHITE, VICKIE M STREET ADDRESS STREET ADDRESS 1804 W. BALL STREET CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 TITLE ☐ Delete Change ☐ Addition NAME WHITE, MARY L STREET ADDRESS STREET ADDRESS 1004 E ALSOBROOK ST. CITY-SI-ZIP CITY-ST-ZIP PLANT CITY FL 33567 THE ☐ Delete HILF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIItE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling doos not qualify for the exemptions contained in Section 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

ACPOV White

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE