

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90036 049 ****70.00

DOCUMENT # N99000005482

1. Entity Name
OPEN HOUSE MINISTRIES, INC.



Principal Place of Business
**1350 SW 4TH STREET
HOMESTEAD, FL 33030**

Mailing Address
**P.O. BOX 901350
HOMESTEAD, FL 33030**

50027242



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0971578

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RICHARD
1350 SW 4TH STREET
HOMESTEAD, FL 33030**

Name
Wanda Ashworth
Street Address (P.O. Box Number is Not Acceptable)
1350 SW 4th Street
Homestead, FL 33030
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

Wanda Ashworth

Wanda Ashworth

3/8/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JOHNSON, RAY
STREET ADDRESS 14510 SW 73 STREET
CITY-ST-ZIP MIAMI, FL 33183

TITLE VPD ☒ Delete
NAME DILAN, LUIS
STREET ADDRESS 905 N FRANKLIN AVENUE #D
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE S ☒ Delete
NAME RIVERA, NANCY
STREET ADDRESS 8520 SW 133 AVENUE
CITY-ST-ZIP MIAMI, FL 33183

TITLE T ☒ Delete
NAME GARCIA, CHRISTINA
STREET ADDRESS 26507 SW 126 AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Anderson, Carolyn
STREET ADDRESS 217 Hillcrest Street
CITY-ST-ZIP Lakeland, FL 33801

TITLE D ☐ Change ☒ Addition
NAME Coleman, Rose
STREET ADDRESS 951 SW 4th Street
CITY-ST-ZIP Homestead, FL 33030

TITLE D ☐ Change ☒ Addition
NAME Avilla, Maria
STREET ADDRESS 778 West Palm Drive
CITY-ST-ZIP Florida City, FL 33034

TITLE D ☐ Change ☒ Addition
NAME Alfreide, Pastor
STREET ADDRESS 344 West Mowry Street
CITY-ST-ZIP Homestead, FL 33030

TITLE D ☐ Change ☒ Addition
NAME Shaw, Linda
STREET ADDRESS 1542 SW 4th Street
CITY-ST-ZIP Homestead, FL 33030

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:

Ray Johnson

Ray Johnson

3/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #