2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005482

1. Entity Name

OPEN HOUSE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1350 SW 4TH STREET HOMESTEAD FL 33030	P.O. BOX 901350 HOMESTEAD FL ~~33030~~

2. Principal Place of Business	3. Mailing Address P.O. Box 901350
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Homestead FL
Zip / Country	Zip 33090 / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0971578 — Applied For / Not Applicable

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
ASHWORTH, WANDA 1350 SW 34TH ST HOMESTEAD FL 33030	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME JOHNSON, RAY STREET ADDRESS 14510 SW 73 STREET CITY-ST-ZIP MIAMI FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000500977 04/25/06-80043-010 70.00
TITLE D NAME ANDERSON, CAROLYN STREET ADDRESS 217 HILLCREST ST CITY-ST-ZIP LAKELAND FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME COLEMAN, ROSE STREET ADDRESS 951 SW 4TH ST CITY-ST-ZIP HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME AVILLA, MARIA STREET ADDRESS 778 W PALM DR CITY-ST-ZIP HOMESTEAD FL 33034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ALFREIDE, PASTOR STREET ADDRESS 334 W MOWRY ST CITY-ST-ZIP HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SHAW, LINDA STREET ADDRESS 1542 SW 4TH ST CITY-ST-ZIP HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE (Business Manager) 4/3/2006