2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005482

Entity Name: OPEN HOUSE MINISTRIES, INC.

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1350 SW 4TH STREET HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** P.O. BOX 901350 HOMESTEAD, FL 33090 FEI Number: 65-0971578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHWORTH, WANDA 1350 SW 4TH ST HOMESTEAD, FL 33030 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JOHNSON, RAY JOHNSON, RAY Name: Name: 14510 SW 73 STREET Address: 14510 SW 73 STREET Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183 Title: Title: () Delete () Change () Addition ANDERSON, CAROLYN Name: Name: Address: 217 HILLCREST ST Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLEMAN, ROSE Name: SANTOS, RENATO Name: 20510 SW 122 COURT Address: Address: 14311 SW 154TH COURT City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33796 Title: () Delete Title: () Change () Addition Name: AVILLA, MARIA Name: Address: 778 W PALM DR Address: City-St-Zip: HOMESTEAD, FL 33034 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALFREIDE, PASTOR MARC, ROCHENEL Name: Name: 334 W MOWRY ST 45 SOUTH FLAGLER AVE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: () Change () Addition SHAW, LINDA Name: Name: Address: 1542 SW 4TH ST Address: HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA ASHWORTH D 04/06/2008