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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083175 (5)

1. Corporation Name
ORDER IN THE HOUSE MINISTRIES, INC.



Principal Place of Business
P.O. BOX 20105
TALLAHASSEE FL 32316-0105

Mailing Address
P.O. BOX 20105
TALLAHASSEE FL 32316-0105

3. Date Incorporated or Qualified
10/09/1996

3a. Date of Last Report

4. FEI Number
59-3420324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, BARBARA ESQ.
1020 E. LAFAYETTE ST.
SUITE 205
TALLAHASSEE FL 32301

81 Name Charles L. Cooper, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
2414 East Plaza Dr.

83 Post Office Box 13651

84 City Tallahassee FL 85 Zip Code 32317-3651

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Charles L. Cooper, Jr.

04/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

James Lofton Jr.

1892 Tallahassee Fl. Mary Ellen Dr.

Tallahassee Fl. 32303

Change Addition

Change Addition

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14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

904 422-2136

CR2E034 (9/96)