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FILED

May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1892 Mary Ellen Dr.

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOPER, CHARLES L JR  
2414 EAST PLAZA DR  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LOFTON, JAMES JR  
STREET ADDRESS 1892 MARY ELLEN DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME Lisa B. Lofton  
STREET ADDRESS 1892 Mary Ellen Dr  
CITY-ST-ZIP Tallahassee FL

TITLE ☐ DELETE

NAME Smith, Marilyn B  
STREET ADDRESS 1707 Centerville Rd.  
CITY-ST-ZIP Tallahassee FL

TITLE ☐ DELETE

NAME Parker Denise G.  
STREET ADDRESS Wilamette Rd. 2520  
CITY-ST-ZIP Tallahassee FL

TITLE ☐ DELETE

NAME Neal, Steve  
STREET ADDRESS Tampa FL

TITLE ☐ DELETE

NAME Montgomey-Crawford, Maxine  
STREET ADDRESS 1892 Mary Ellen Dr  
CITY-ST-ZIP Tallahassee FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: James Lofton 4/30/98 (850) 422-8907

CP2E034 (10/97)