2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730292

1. Entity Name

THE LORD'S HOUSE CHURCH, INC.



US

FILED Apr 25, 2005 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

731 QUEEN STREET, SOUTH ST PETERSBURG, FL 33712 PO BOX 10838

ST PETERSBURG, FL 33733

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DO NOT WRITE IN THIS SPACE					A HOURTH HOLD BEEN DEALL OUT HOU HOLD COUNTY COUNTY OF THE			
					No Chg-NP	CR2E	E037 (10/03)	
DO NOT WHITE IN THIS SPA			4. FEI Number Applied For 23-7412424 Not Applicable					
				5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent								
YOUNG, ROBERT L. 1419 PRESTON ST S SAINT PETERSBURG, FL 33712			DO NOT WRITE IN THIS SPACE					
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 tourislating) DATE								
Filing Fee is \$61.25 9. Election Campaign Finance				\$5.00 May Be			Ì	
	Due by May 1, 2005	Trust Fund Contribution		Added to Fees	-		ļ	
10. OFFICERS AND DIRECTORS					Hongor	123671	Tid:	
TITLE	PD	i	ł				1-008 61.25	
NAME STREET ADDRESS	YOUNG, REV. ROBERT L 1419 PRESTON ST S SAINT PETERSBURG, FL 33712							
CITY-ST-ZIP								
TITLE	D						{	
NAME	YOUNG, RICHARD							
STREET ADDRESS	2306 HIGHLAND ST SO						į	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705							
MILE	SD						}	
NAME	ARMSTRONG, MARY							
STREET AUDRESS	401 68TH AVE SO			DΩ	NOT W	DIT	' =	
CITY-ST-ZIP	ST. PETERBURG, FL 33705			50	1401 44	1711		
TITLE		•		IN '	THIS SF	AC	E	
NAME CONCET ADDRESS				4		;		
STREET ADDRESS CITY-ST-ZIP							ł	
TITLE							1	
MALLE							:	

12. I hereby certify that the information supplied with this filling 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 yith an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

tout young

(PASTOR

4-17-05 727-898-1044

Date

Daytime Phone #