


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

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90003 001 ****61.25

DOCUMENT # <u>7302912</u>	
1. Entity Name <u>The Lord's house church, inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>The Lord's House Church, Inc</u>		3. Mailing Address <u>PO. Box 10838</u>	
Suite, Apt. #, etc. <u>731 Queen St. So.</u>		Suite, Apt. #, etc. <u>St. Petersburg, FL</u>	
City & State <u>St. Petersburg, FL</u>		City & State <u>St. Petersburg, FL</u>	
Zip <u>33712</u>	Country <u>USA</u>	Zip <u>33733</u>	Country <u>USA</u>

50025416

CR2E037B (8/05)

4. FEI Number <u>23-7412424</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <u>Robert L. Young</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1419 Preston St. So.</u>
City <u>St. Petersburg</u>
State <u>FL</u>
Zip Code <u>33712</u>

**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 Robert Young (NOTE: Registered Agent signature required when reinstating) DATE 7/27/06

FEE IS \$61.25
Initial or Amended AR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Robert L. Young, Pastor, Pres. R.A.</u> <u>1419 Preston St. So.</u> <u>St. Petersburg, FL 33712</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Robert L. Young</u> <u>1419 Preston St. So.</u> <u>St. Petersburg, FL 33712</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Richard Young, Deacon</u> <u>2306 Highland St. So.</u> <u>St. Petersburg, FL 337</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Richard Young</u> <u>2306 Highland St. So.</u> <u>St. Petersburg, FL 337</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Mary Armstrong, Treas.</u> <u>401 68th Ave So.</u> <u>St. Petersburg, FL 33705</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Mary Armstrong</u> <u>401 68th Ave So.</u> <u>St. Petersburg, FL 33705</u>
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IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Armstrong 7/27/06