2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 730292 1. Entity Name THE LORD'S HOUSE CHURCH, INC. Principal Place of Business 731 QUEEN STREET, SOUTH ST PETERSBURG, FL 33712 Mailing Address PO BOX 10838 ST PETERSBURG, FL 33733 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 24, 2007 08:00 AN Secretary of State

J. E.ICIOD	UNO, 12 33112 3	ii i e i e i e i e i e i e i e i e i e						
DO NOT WRITE IN THIS SPAC				01182007 4. FEI Numb 23-741	01182007 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For Not Applied For Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required			
	6. Name and Address of Current Regis	itered Agent						
YOUNG, ROBERT L. 1419 PRESTON ST S SAINT PETERSBURG, FL 33712				DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plans of registered agent.				nth, in the State of Fk		miliar with, and accept	
	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	3	DATE		
Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, REV. ROBERT L 1419 PRESTON ST S SAINT PETERSBURG, FL 33712							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, RICHARD 2306 HIGHLAND ST SO SAINT PETERSBURG, FL 33705				U000000 01/26/07-8	:02421 :0090-0	D6 70.00	
TITLE KAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, MARY 401 68TH AVE SO ST. PETERBURG, FL 33705			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SI	PACE		
THTLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 with an address, with all other like empowered.

SIGNATURE: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KOLL THE STATE OF PENTER NAME OF SCHOOL DESCRIPTION OF PENTER NAME OF SCHOOL DESCRIPT

01-19-07 727-898-1041

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