


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90514 001 ****61.25
 05-03-2004 90514 002 ****8.75

DOCUMENT # N03000004893
 1. Entity Name
FAMILY OF GOD BUILDING MINISTRY, INC.



Principal Place of Business: **957 SCHOOLHOUSE RD LAKELAND FL 33813**
 Mailing Address: **957 SCHOOLHOUSE RD LAKELAND FL 33813**

2. Principal Place of Business: **957 Schoolhouse RD.**
 Suite, Apt. #, etc.

3. Mailing Address: **957 Schoolhouse RD**
 Suite, Apt. #, etc.

City & State: **LAKELAND FL.**
 Zip: **33813** Country: **Polk**

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 Zip: **33813** Country: **Polk**

4. FEI Number: **36-4542759**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
PETERKIN, JERALD
957 SCHOOLHOUSE RD
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name: **Jerald Peterkin Sr.**
 Street Address (P.O. Box Number is Not Acceptable): **957 Schoolhouse Rd**
 City: **LAKELAND FL** Zip Code: **33813**

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: **Jerald Peterkin Sr. (President)** DATE: **04-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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: CD NAME: SAM, TIMOTHY STREET ADDRESS: 206 WEST OREGON RD CITY-ST-ZIP: LEHIGH ACRE FL 33936	<input type="checkbox"/> Delete
TITLE: VD NAME: SAM, ELLA J STREET ADDRESS: 206 WEST OREGON RD CITY-ST-ZIP: LEHIGH ACRE FL 33936	<input type="checkbox"/> Delete
TITLE: D NAME: MAILLET, MICHAEL STREET ADDRESS: 819 EAST LEMON ST APT 2 CITY-ST-ZIP: LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE: D NAME: MAILLET, NORMA STREET ADDRESS: 819 EAST LEMON ST APT 2 CITY-ST-ZIP: LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: PETERKIN, JERALD STREET ADDRESS: 957 SCHOOLHOUSE RD CITY-ST-ZIP: LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE: V NAME: PETERKIN, GOLDIE A STREET ADDRESS: 957 SCHOOLHOUSE RD CITY-ST-ZIP: LAKELAND FL 33813	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: ETHEL V. WILSON RET. STREET ADDRESS: 6807 PARKVIEW CT. #102 CITY-ST-ZIP: TAMPA FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR NAME: Jimmy Wilson STREET ADDRESS: 6807 PARKVIEW CT. #102 CITY-ST-ZIP: TAMPA FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jerald Peterkin (President)** DATE: **04-30-04** (863) 646-8658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #