

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
36-4542759

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERKIN, JERALD
957 SCHOOLHOUSE RD
LAKELAND, FL 33813**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SAM, TIMOTHY
206 WEST OREGON RD
LEHIGH ACRE, FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000000346235 ☐ Change ☐ Addition
04/30/05-80068-005 61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAM, ELLA J
206 WEST OREGON RD
LEHIGH ACRE, FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, ETHEL V
6807 PARKVIEW CT #102
TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, JIMMY
6807 PARKVIEW CT #102
TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PETERKIN, JERALD
957 SCHOOLHOUSE RD
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PETERKIN, GOLDIE A
957 SCHOOLHOUSE RD
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 is true and correct to the best of my knowledge and belief, 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 member 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerald Peterkin

Date

Florida Department of State