


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 008 ****61.25

DOCUMENT # N03000004893

1. Entity Name
FAMILY OF GOD BUILDING MINISTRY, INC.



Principal Place of Business
 957 SCHOOLHOUSE RD
 LAKE LAND, FL 33813

Mailing Address
 957 SCHOOLHOUSE RD
 LAKE LAND, FL 33813



2. Principal Place of Business
735 creative DR.
 Suite, Apt. #, etc.
Unit C-33+29

3. Mailing Address
957 Schoolhouse RD. LAKE LAND FL. 33813
 Suite, Apt. #, etc.

05022006 Chg-NP CR2E037 (4/06)

City & State
LAKELAND FL.

City & State
LAKELAND FL.

Zip
33813

Country
FLORIDA

Zip
33813

Country
FLORIDA

4. FEI Number
36-4542759

Applied For
 Not Applicable

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

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

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 _____ DATE _____

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

Filing Fee Is \$61.25
Due by September 6, 2006

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	CD SAM, TIMOTHY 206 WEST OREGON RD LEHIGH ACRE, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAM, ELLA J 206 WEST OREGON RD LEHIGH ACRE, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ETHEL V 6807 PARKVIEW CT #102 TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JIMMY 6807 PARKVIEW CT #102 TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERKIN, JERALD 957 SCHOOLHOUSE RD LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERKIN, GOLDIE A 957 SCHOOLHOUSE RD LAKELAND, FL 33813	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C JERALD Peterkin 957 Schoolhouse RD LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ELLA J. Peterkin 13901 N. FL. AVE L-171 TAMPA FL. 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLA J. Phillips 13901 N. FL. AVE L-171 TAMPA FL. 33613	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARENCE HAMMINGTON 3110 OAKBRIDGE BLVD. E. LAKELAND FL 33	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S GOLDIE A. Peterkin 957 Schoolhouse RD LAKELAND FL. 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: Jerald Peterkin / Jerald Peterkin 08-25-06 (863) 709-9045

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

ATTACHMENT

40102243

N03000004893



Goldie A Peterkin

To whom this may concern,
Please excuse error of dark
marks on Block 11 # 3 + 4
These were changes not
additions. I marked off the
check marks on those two
additions which were not
correct.

But now the checks ~~are~~
are in the correct place

I thank you,

President, Pastor

Get 24/7 Personalized Health Information
Support and More through Health Dialog

Toll-free (877) 789-2583

bcbssl.com

Goldie A Peterkin