


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004893 1. Entity Name FAMILY OF GOD BUILDING MINISTRY, INC.			FILED 07 SEP 17 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 735 CREATIVE DR UNIT C-33&29 LAKELAND, FL 33813		Mailing Address 957 SCHOOLHOUSE RD LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # 725 Creative Dr.		3. Mailing Address Suite, Apt. #, etc. UNIT A-1	
City & State Lakeland FL		City & State FL	
Zip 33813		Country POIK	
4. FEI Number 36-4542759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$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: <u>Gerald Peterkin Sr.</u> 09-11-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PC NAME REBERKINS, JERALD STREET ADDRESS 957 SCHOOLHOUSE RD CITY - ST - ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME Peterkin Jerald STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PETERKIN, ELLA J STREET ADDRESS 13901 NORTH FL AVE SUITE L-171 CITY - ST - ZIP TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PHILLIPS, ELLA J STREET ADDRESS 13901 NORTH FL AVE SUITE L-171 CITY - ST - ZIP TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000109717860 09/20/07--01061--011 **\$1.25
TITLE D NAME HAMMINGTON, CLARENCE STREET ADDRESS 3110 OAKBRIDGE BLVD EAST CITY - ST - ZIP TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME Hamilton, Clarence STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME PETERKIN, JERALD STREET ADDRESS 957 SCHOOLHOUSE RD CITY - ST - ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PETERKIN, GOLDIE A STREET ADDRESS 957 SCHOOLHOUSE RD CITY - ST - ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete	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 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: <u>Gerald Peterkin Sr. / Gerald Peterkin Sr.</u>		Date <u>09-11-07</u> 863-271-5126 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	