


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

06-24-2005 90003 003 \*\*\*\*61.25

<b>DOCUMENT # N03000008125</b> 1. Entity Name <b>GODS HOUSE MINISTRY, INC.</b>			
Principal Place of Business <b>1626 W. LANE LAKELAND, FL 33805</b>		Mailing Address <b>1626 W. LANE LAKELAND, FL 33805</b>	
2. Principal Place of Business <b>1626 W. CN</b> Suite, Apt. #, etc. <b>N/A</b>		3. Mailing Address <b>1626 W. L4</b> Suite, Apt. #, etc. <b>N/A</b>	
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>	
Zip <b>33805</b> Country <b>FL</b>		Zip <b>33805</b> Country <b>FL</b>	
4. FEI Number <b>16-1694086</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETERSON, PEGGY A 1626 W. LANE LAKELAND, FL 33805</b>		7. Name and Address of New Registered Agent Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable) <b>unchanged</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33805</b>	
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><i>Peggy Peterson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>06-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, RAYMOND 1603 WASHINGTON ST. LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WOODS, JASPER 508 W. CRAWFORD ST. LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DIETRA 3434 MILLER DR. LAKELAND, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JIMYKA 653 W. 13TH ST. LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, PEGGY A 1626 W. LANE LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, CAROL A 3017 MAIN AVE. LAKELAND, FL 33801	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: <u><i>Peggy Peterson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>06-15-05</u> Daytime Phone # <u>863-5294800</u>	