2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300008125 1. Entity Name GODS HOUSE MINISTRY, INC.				06-	06-24-2005 90003 003 ****61.25					
Principal Plac 1626 W. LAN LAKELAND, I	NE	Mailing Address 1626 W. LANE LAKELAND, FL 33805								
2. Principal F	Place of Business	3. Mailing Address	/							
Suite, Apt.		14.24 W. L.4 Suite, Apt. #, etc.	ula	05232005 Ch	g-NP	CR2E037 (10/03)				
City & Stat	* * 1	City & State	-F (4. FEI Number 16-1694086	6		oplied For .			
Zip 33 S	County COUNTY	33 805	Country POLIC	5. Certificate of Sta	atus Desired	S8.75 Add Fee Require				
	6. Name and Address of Current Reg	gistered Agent	Name	7. Name and Addr	ess of New R	egistered Agent				
PETERSO	N, PEGGY A		Name	- 4- A-	<u> </u>	-				
1626 W. L.			Street Addres	ss (P. Sex Number is N	lot Acceptable	e)				
LAKELANI	D, FL 33805			uncha	nge d					
			City LAK	ieland		FL Zip Cod	e XOS			
8. The above	named entity submits this statement for the	e purpose of changing its re	gistered office or regi	stered agent, or both, in	he State of Flo	orida. I am familiar with,	and accept			
the obligations of registered agent.										
SIGNATURE	288 Keter	m		06-0	5					
	Signature, typed or printed name of registered agent and t	itle if applicable (NOTE: 0	legistered Agent signature req	2 - 1 2 - 1 - 2 - 2		DATE				
	Signature, typed or printed harve or registered agent and t	me ii applicable. (NCTE: H	legistered Agent signature red	uired when reinstating)		DATE				
D	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		ake check payable t				
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2. Thereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(i), Horida 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:	Vesyx	Veterson	06-15-05	863-529480
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #