

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90001 041 \*\*\*\*61.25

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<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 <i>511 W. Crawford St.</i>		3. Mailing Address <i>1021 W. 9th St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Mold, FL</i>		City & State <i>Orlando, FL</i>		4. FEI Number <b>16-1694086</b>	
Zip <i>33805</i>		Country <i>FL</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33805</i>		Country <i>FL</i>		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 Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Peggy Peterson Lundy</i> DATE <i>9-4-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</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	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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	<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.					
<b>SIGNATURE: <i>Peggy Peterson Lundy</i></b> <b>SIGNATURE: <i>Peggy Peterson Lundy</i></b> <b>865-5294820</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					