

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000172

FILED
Feb 16, 2005
Secretary of State

Entity Name: LABORING IN GOD'S HOUSE TOGETHER MINISTRY, INC.

Current Principal Place of Business:

P.O. BOX 608421
ORLANDO, FL 328608421

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608421
ORLANDO, FL 328608421

New Mailing Address:

FEI Number: 20-0502031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMER, CHRISTINE
1460 LANCELOT WAY
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOWNSEND, DAISY
Address: P.O. BOX 607513
City-St-Zip: ORLANDO, FL 32860

Title: T () Delete
Name: SMITH, JOYCE
Address: 500 BANYON TREE CIR #104
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: TOWNSEND, CELIA M
Address: 86 CASTLE BREWER COURT
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: BROOKS, SHIRLEY B
Address: 107 WYMORE RD.
City-St-Zip: EATONVILLE, FL 32751

Title: T () Delete
Name: ZIGGLER, FRANCIS
Address: 820 W. KENNEDY BLVD., APT.B-102
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: PALMER, CHRISTINE
Address: 1460 LANCELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAISY TOWNSEND

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

Date