

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004951

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

2190 SHARP COURT #200
FERN PARK, FL 32730

New Principal Place of Business:

POST OFFICE BOX 607441
ORLANDO, FL 328607441

Current Mailing Address:

New Mailing Address:

FEI Number: 20-8943824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, CELIA M MRS.
86 CASTLE BREWER COURT
SANFORD, FL 32771 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: D () Delete
Name: JOHNSON, ANGELA
Address: 8556 WHITE ROSE DRIVE
City-St-Zip: ORLANDO, FL 32818

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

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

Title: D () Delete
Name: HOENIG, DAVID
Address: 23 ANDREA DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: FLUELLEN, DENISE
Address: 742 W. CONCORD STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: TOWNSEND, DAISY REV.
Address: POST OFFICE BOX 607513
City-St-Zip: ORLANDO, FL 32810

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:

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Title: () Change () Addition
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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 exemption stated 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 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

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date