

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N07426

1. Entity Name
LORDSHIP MINISTRIES, INC.



Principal Place of Business

% P. DAVID NICHOLAS
5856 VISTA LINDA LN
BOCA RATON, FL 33433

Mailing Address

% P. DAVID NICHOLAS
5856 VISTA LINDA LN
BOCA RATON, FL 33433



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2575706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOWRY, RICHARD M., JR.
1351 BANYAN RD.
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000181979
01/19/05-80009-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS, P DAVID 5856 VISTA LINDA LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLAS, ELEANOR 5856 VISTA LINDA LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWRY, RICHARD M., JR. 1618 S.E. 3RD COURT DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.

SIGNATURE:

P. David Nicholas
P. David Nicholas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 **561-750-0558**

Date Daytime Phone #