2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N92000000010

Entity Name: THE LORD'S WORK, INC.

Current Principal Place of Business:

4507 N. NEBRASKA AVE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9494
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-3141788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGALL, DENNIS
4507 N. NEBRASKA AVE
TAMPA, FL 33603 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:	DINECHART, KEITH W	
Address:	4507 N. NEBRASKA AVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	DINEHART, LYNETTE	
Address:	4507 N. NEBRASKA AVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	SEGALL, DENNIS	
Address:	4507 N. NEBRASKA AVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	WISE, JOHN R	
Address:	2623 TYSON AVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	SPARROWHAWK, IRIS LAJUAN	
Address:	6110 SUWANEE AVE	
City-St-Zip:	TAMPA, FL 33604	

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
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: LYNETTE DINEHART D 04/27/2005

Electronic Signature of Signing Officer or Director — Date