


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90035 010 ****70.00

DOCUMENT # N96000000191
 1. Entity Name
THE LORD'S HOUSE OF THE APOSTOLIC FAITH, INC.



Principal Place of Business Mailing Address
 120 SW 6TH AVE 120 SW 6TH AVE
 HALLANDALE FL 33009 HALLANDALE FL 33009
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State 4. FEI Number Applied For

65-0641133

Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
LEE, JOSEPH SR
6950 SW 4TH ST
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 *Joseph B. Lee Sr* *Joseph B. Lee, Sr.* 4-5-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, JOSEPH B SR.	
STREET ADDRESS	6950 SW 4TH ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIGGINS, CLIFFORD	
STREET ADDRESS	1305 NW 9TH ST APT 2	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOODS, SHAWN	
STREET ADDRESS	2700 CAROL SPRINGS DR #211	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOODS, KATISHA	
STREET ADDRESS	2700 CORAL SPRINGS DR #211	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, MARTHA	
STREET ADDRESS	6950 SW 4TH ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33023	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, BRENDA	
STREET ADDRESS	628 S. W. 80TH TERRACE	
CITY - ST - ZIP	NORTH LAUDERDALE FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Joseph B. Lee Sr* 4-5-07 954-455-4909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #