


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 014 ****78.75

DOCUMENT # N96000000191 1. Entity Name THE LORD'S HOUSE OF THE APOSTOLIC FAITH, INC.	
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Principal Place of Business 120 SW 6TH AVE HALLANDALE, FL 33009 US	Mailing Address 120 SW 6TH AVE HALLANDALE, FL 33009 US
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0641133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JOSEPH SR
 6950 SW 4TH ST
 PEMBROKE PINES, FL 33023

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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 _____ DATE _____
Signature, if not printed on the certificate of registered agent and filed therewith. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE, JOSEPH B SR. 6950 SW 4TH ST PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WIGGINS, CLIFFORD 1305 NW 9TH ST APT 2 FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEE, MARTHA 6950 SW 4TH ST PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Martha Lee, Trustee Date: 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #