


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90031 011 ****70.00

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1. Entity Name
LOIS ROBERTS MINISTRIES, INC.



Principal Place of Business
**4444 U.S. 98 NORTH, LOT 398
 LAKELAND, FL 33809 US**

Mailing Address
**4444 U.S. 98 NORTH, LOT 398
 LAKELAND, FL 33809 US**



2. Principal Place of Business
1510 Longbow Drive

3. Mailing Address
Lois Roberts Ministries

Suite, Apt. #, etc.
1510 Longbow Drive

01062005 Chg-NP CR2E037 (10/03)

City & State
LAKELAND FL

City & State
LAKELAND FL

Zip
33810

Country
POLK

Zip
33810

Country
POLK

4. FEI Number
59-3440923

Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**ROBERTS, LOIS
 4444 U.S. 98 NORTH, LOT 398
 LAKELAND, FL 33809**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	ROBERTS, LOIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4444 U.S. 98 NORTH, LOT 398 LAKELAND, FL 33809	
TITLE NAME	TVP ROBERTS, CLAIRECE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	164 N SIR TOPAZ LAKE MARY, FL 32746	
TITLE NAME	T ROBERTS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4750 N WEST 120TH LOWELL, FL 32663	
TITLE NAME	T KIBLER, BRONSON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	121 HANGING MOSS DR. OVIEDO, FL 32765	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Lois Roberts Ministries	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1510 Longbow Drive LAKELAND, FL 33810	
TITLE NAME	TVP CLAIRECE ROBERTS BURNS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	102 FOREST BREEZE AVE BRANDON, FL 33511	
TITLE NAME	T Buddy Roberts	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2049 TAYLOR, RD MYAKKA CITY, FL 34251	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lois Roberts - Lois Roberts* **1/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #