

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002232	
1. Entity Name HOUSE OF THE LORD MINISTRIES, INC.	

Principal Place of Business 50 SW 31 AVE FT. LAUDERDALE FL 33312	Mailing Address P O BOX 120724 FORT LAUDERDALE FL 33312
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number 65-0941681	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LLOYD, HENRY 4320 NW 51 AVE. LAUDERDALE LAKES FL 33319
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD, HENRY 2800 NW 56 AVE FT. LAUDERDALE FL 33311 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, GENEVIA 2849 NW 48 TERR LAUDERDALE LAKE FL 33312 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JULIAN 3881 NW 4 CT. FT. LAUDERDALE FL 33311 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, JOHN 5231 NW 12TH CT LAUDERHILL FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILPOT, WILLIE 3300 NW 43RD TERR LAUDERDALE LAKES FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, JERRY 311 SW 30TH AVE FORT LAUDERDALE FL 33312 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000491335 04/19/06-80017-007 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 *[Handwritten Signature]* *[Handwritten Signature]*