

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90075 040 \*\*\*\*61.25

**DOCUMENT # N99000004230**

1. Entity Name

**THE EXCEPT THE LORD BUILDS THE HOUSE  
MINISTRY, INC.**



Principal Place of Business  
**2088 HARTFORD PLACE  
ORLANDO FL 32808**

Mailing Address  
**2088 HARTFORD PLACE  
ORLANDO FL 32808**

**50021260**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

**5336 Old Winter Garden Rd.**

3. Mailing Address

**P.O. Box 682058**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, Florida**

City & State

**Orlando, FL 3**

Zip

**32811**

Country

**USA**

Zip

**32868**

Country

**USA**

4. FEI Number

**59-3573681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NOBLES, PRESTON  
2088 HARTFORD PLACE  
ORLANDO FL 32808**

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 reinstating)

DATE

**FILE NOW: 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 **D** ☐ Delete  
NAME **NOBLES, INEZ**  
STREET ADDRESS **2088 HARTFORD PLACE**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete  
NAME **SPATCHER, NICOLE**  
STREET ADDRESS **1649 S. KIRKMAN RD APT 173**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete  
NAME **NOBLES, PAMELA**  
STREET ADDRESS **2088 HARTFORD PLACE**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete  
NAME **JARVIS, PHILLIPS**  
STREET ADDRESS **164 FERGUSON DR**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:** *Preston Nobles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/05** (407) 583-6197  
Date Daytime Phone #