


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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 745405 1. Entity Name THE FAMILY OF GOD CHURCH, INC.	
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Principal Place of Business 4100 NW 28TH LN. #46 GAINESVILLE FL 32606 US	Mailing Address 4100 NW 28TH LN. #46 GAINESVILLE FL 32606 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1188197	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOTH, JEAN K 4100 NW 28TH LN. #46 GAINESVILLE FL 32606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P D	TITLE	
NAME	TOTH, JEAN K. <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4100 NW 28TH LN. #96	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32606	CITY - ST - ZIP	
TITLE	VDD	TITLE	U00000211835 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, NANCY <input type="checkbox"/> Delete	NAME	02/03/05-80002-008 61.25
STREET ADDRESS	8614 LINCOLNSHIRE RD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	CITY - ST - ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLEY, EMMETT <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	3116 S OSCEOLA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32806	CITY - ST - ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, CHARLES <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	201 ADMIRAL LN	STREET ADDRESS	
CITY - ST - ZIP	DEBARY FL 32713	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Jean K. Toth* *Jean K Toth* 2-3-05 352-376-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #