


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90015 025 \*\*\*\*61.25

DOCUMENT # 745405			
1. Entity Name THE FAMILY OF GOD CHURCH, INC.			
Principal Place of Business <del>4100 NW 28TH LN.</del> #46 GAINESVILLE, FL 32606 US		Mailing Address <del>4100 NW 28TH LN.</del> #46 GAINESVILLE, FL 32606 US	
Original Place of Business 2300 Ranwill Ct.		2300 Ranwill Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		Orlando, FL	
Zip: 32806		Country: USA	
32806		USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOTH, JEAN K. 4100 NW 28TH LN. #46 GAINESVILLE, FL 32606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P D Jean Toth 2300 Ranwill Ct. Orlando, FL 32806	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VDD MCCLELLAN, NANCY 8614 LINCOLNSHIRE RD JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HINKLEY, EMMETT 3116 S ORCEOLA ST ORLANDO, FL 32806 <i>deceased</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SHORT, CHARLES 201 ADMIRAL LN DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jean H. Toth - Jean H. Toth</i>		Date: <i>2-27-06</i> Daytime Phone #: <i>407-897-6008</i>	

40021000



02142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1188197 Applied For Not Applicable

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