


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009522</b>	
1. Entity Name <b>GOD IS GOOD MINISTRIES, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 453458 KISSIMMEE, FL 34745</b>	Mailing Address <b>POST OFFICE BOX 453458 KISSIMMEE, FL 34745</b>
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02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>04-3774237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BENITEZ, FRANCISCO 2916 ELBERT WAY KISSIMMEE, FL 34758</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, MARIA 7 WEST PENN AVENUE CLEONA, PA 17042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, CECILIO 7 WEST PENN AVENUE CLEONA, PA 17042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, FRANCISCO 2493 HYBRID DRIVE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENITEZ, ANA 2493 HYBRID DRIVE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIAGIONI, NEIDA 2429 OAK HOLLOW DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWNE, PAMELA P.O. BOX 422548 KISSIMMEE, FL 34742

UN0000328624  
04/25/05-80083-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Francisco Benitez Francisco Benitez 4-21-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #