


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90418 045 \*\*\*\*61.25

<b>DOCUMENT # N03000009522</b> 1. Entity Name <b>GOD IS GOOD MINISTRIES, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 453458</b> <b>KISSIMMEE, FL 34745</b>			Mailing Address <b>POST OFFICE BOX 453458</b> <b>KISSIMMEE, FL 34745</b>		
2. Principal Place of Business - No P.O. Box # <b>11301 Orange Blossom Trail</b>		3. Mailing Address Suite, Apt. #, etc. <b>209</b>			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>			
Zip <b>32837</b>		Country <b>Orange</b>		4. FEI Number <b>04-3774237</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BENITEZ, FRANCISCO</b> <b>2916 ELBERT WAY</b> <b>KISSIMMEE, FL 34758</b>			7. Name and Address of New Registered Agent Name <b>Francisco Benitez</b> Street Address (P.O. Box Number is Not Acceptable) <b>11301 Orange Blossom Trail, #209</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32837</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, WILFREDO 658 REGENCY WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L, CLARA 658 REGENGE WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, FRANCISCO 2493 HYBRID DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENITEZ, ANA 2493 HYBRID DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKMAN, LAVERNE 658 REGENCY WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSARIO, JESSICA 1922 ISLAND CIRCLE #103 KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u><i>Francisco Benitez</i></u> <b>4/24/07</b> <b>(407) 931-3440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					