


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000001812**  
 1. Entity Name  
**GOD N HEAVEN CHRISTIAN MINISTRY INC.**



Principal Place of Business      Mailing Address  
**233 BURNETTE AVE**      **233 BURNETTE AVE**  
**FORT WALTON BEACH FL 32548**      **FORT WALTON BEACH FL 32548**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt #, etc      Suite, Apt. #, etc  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
**KROHN, SHERRY L**  
**114 WOODBINE CIRCLE**  
**FORT WALTON BEACH FL 32548**

4. FEI Number      Applied For  
**34-1994794**      Not Applicable

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

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, 2007**

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	P	<input type="checkbox"/> Delete
NAME	GRAVES, JOSEPH R	
STREET ADDRESS	233 BURNETTE AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAVES, BARBARA	
STREET ADDRESS	233 BURNETTE AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	S	<input type="checkbox"/> Delete
NAME	KROHN, SHERRY L	
STREET ADDRESS	233 BURNETTE AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000671422  
 03/28/07-80027-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph R Graves*      15000007      80027-1105