

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002727

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** GOD'S CARE IN TIMES OF CRISIS INCORPORATED

**Current Principal Place of Business:**

6058 GULFPORT BLVD  
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

756 RIVER BOAT CIRCLE  
ORLANDO, FL 32828

**Current Mailing Address:**

6058 GULFPORT BLVD  
ST PETERSBURG, FL 33707

**New Mailing Address:**

756 RIVER BOAT CIRCLE  
ORLANDO, FL 32828

**FEI Number:** 54-2196226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHARRIE, ROBERT E  
5503 38TH AVE N  
ST PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

ARMSTRONG, ROY R JR  
756 RIVER BOAT CIRCLE  
ORLANDO, FL 32828 US

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.

SIGNATURE: ROY ARMSTRONG

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARMSTRONG, R. RICHARD  
Address: 756 RIVER BOAT CIR  
City-St-Zip: ORLANDO, FL 32828

Title: VD  
Name: EISSFELDT, ANNA E  
Address: 6058 GULFPORT BLVD  
City-St-Zip: ST PETERSBURG, FL 33707

Title: SD  
Name: WEISS, CAROLYN  
Address: 1819 DORMIEONE RD N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: TD  
Name: EISSFELDT, RICHARD A  
Address: 6058 GULFPORT BLVD  
City-St-Zip: ST PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROY ARMSTRONG

PD

04/03/2012

Electronic Signature of Signing Officer or Director

Date