


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 042 \*\*\*\*70.00

**DOCUMENT # N93000002143**

1. Entity Name  
**GOD'S BUSINESS INC.**




Principal Place of Business  
**6010 STATE ROAD 33  
 CLERMONT, FL 34711**

Mailing Address  
**6010 STATE ROAD 33  
 CLERMONT, FL 34711**

**40103634**

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3095326** Applied For  
 Not Applicable

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


**6. Name and Address of Current Registered Agent**

**VARVEL, DOYLE E  
 6010 STATE ROAD 33  
 CLERMONT, FL 34711**

**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:  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 12, 2008**

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	D	<input type="checkbox"/> Delete
NAME	VARVEL, DOYLE E	
STREET ADDRESS	6010 STATE ROAD 33	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAMLEY, JANET	
STREET ADDRESS	6223 BEECHMONT BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSHIP, BEVERLY	
STREET ADDRESS	3530 GREATBEAR COURT	
CITY-ST-ZIP	ORLANDO, FL 32810	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMLEY, JANET	
STREET ADDRESS	4602 FERNVALLEY CT.	
CITY-ST-ZIP	ORLANDO, FL 32818	
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		

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:  **DOYLE VARVEL** Date: **6-11-08** Daytime Phone #: **352-394-6311**