

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 18, 2008  
Secretary of State

DOCUMENT# N99000005811

Entity Name: GOD TODAY MINISTRIES, INC.

**Current Principal Place of Business:**

14368 BANDED RACCOON DRIVE  
PALM BEACH GARDENS, FL 334188603

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 32668  
PALM BEACH GARDENS, FL 334202668

**New Mailing Address:**

FEI Number: 65-0957026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUN, JOHN C  
14368 BANDED RACCOON DRIVE  
PALM BEACH GARDENS, FL 334188603 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: SUN, JOHN C  
Address: 14368 BANDED RACCOON DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 334188603

Title: VPSD ( ) Delete  
Name: SUN, AMBROSCIA A  
Address: 14368 BANDED RACCOON DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 334188603

Title: D ( ) Delete  
Name: SUN, AMY H  
Address: P.O. BOX 32668  
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D ( ) Delete  
Name: CREWS, JAMES C  
Address: P.O. BOX 32668  
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D ( ) Delete  
Name: NORTH, JIM  
Address: P.O. BOX 32668  
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D ( ) Delete  
Name: JABLONSKI, WILLIAM  
Address: P.O. BOX 32668  
City-St-Zip: PALM BEACH GARDENS, FL 334202668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C SUN

Electronic Signature of Signing Officer or Director

PTSD

01/18/2008

\_\_\_\_\_ Date