2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N06000002727

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:

Current Mailing Address:

6058 GULFPORT BLVD
ST PETERSBURG, FL 33707

New Mailing Address:

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:

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

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

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

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

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:

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: RICHARD A. EISSFELDT TD 04/02/2009

Electronic Signature of Signing Officer or Director — Date