

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002727

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC1513082558**

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

**Current Principal Place of Business:**

756 RIVER BOAT CIRCLE  
ORLANDO, FL 32828

**Current Mailing Address:**

756 RIVER BOAT CIRCLE  
ORLANDO, FL 32828

**FEI Number:** 54-2196226

**Certificate of Status Desired:** No

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

ARMSTRONG, ROY RJR  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title SD  
Name MIESSLER, MEGAN  
Address 2956 RIVERSEND ROAD  
City-State-Zip: ORLANDO FL 32817

Title TD  
Name MIESSLER, MEGAN  
Address 2956 RIVERSEND ROAD  
City-State-Zip: ORLANDO FL 32817

*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:** R. RICHARD ARMSTRONG

**PRESIDENT**

**04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date