2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004531

COMTOIS, LORI

15411 NW 89TH ST.

ALACHUA, FL 32615 US

Name:

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Entity Nar	ne: BACK	TO GODHEAD, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place	of Business:	
	f. 112TH BL , FL 32615	VD. US			
Current M	ailing Add	ress:	New Mailing Address	New Mailing Address:	
PO BOX 4: ALACHUA	30 , FL 32616	US			
FEI Number:	23-2428595	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
COMTOIS, 15411 NW ALACHUA	NORMAN 89TH ST. , FL 32615	US			
The above in the State		ty submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Elect	ronic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIR	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D COMTOIS, N 15411 NW 8 ALACHUA, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	18024 NW 1	() Delete TE, ROBERT 12TH BLVD :L 32615 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S,D SOLOMON, 5614 WEST LA CROSSE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NORMAN COMTOIS MR. 03/23/2009